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# ARISE

For Diverse People of African Descent

Inside Looking Out  
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Roots of Rape in South Africa

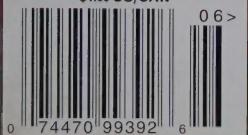
Deconstructing Banjee Realness

Presidents of Pride

Vol. 3 No. 6 JUN 2003

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06>



FEEL THE POWER







**I am not cured**

**I am** partnering with my doctor

**I am** taking COMBIVIR every day with my other HIV medicines

**I am** keeping a positive outlook

*Individual results may vary.*

**COMBIVIR does not cure HIV infection/AIDS or prevent passing HIV to others.**

**COMBIVIR must be used with other HIV medicines.**

COMBIVIR is a prescription product for HIV and contains two medicines proven to help people with HIV live longer, healthier lives. COMBIVIR is one tablet, taken twice a day, with or without food. COMBIVIR is used in more patients and more major combination studies than any other HIV therapy.

### **Safety Information**

- Make sure to see your doctor regularly because serious side effects can occur, such as muscle damage and a decrease in red and white blood cells
- A buildup of lactic acid in the blood and an enlarged liver, including fatal cases, have been reported
- Low risk of problems with the pancreas in adults and adolescents
- The most frequent side effects are headache, upset stomach, malaise or fatigue, and runny nose

**When the time is right for you, ask your doctor about COMBIVIR in combination with other anti-HIV medicines.**

Call 1-888-TREAT HIV/Visit [www.treatHIV.com](http://www.treatHIV.com)

Please see important information about COMBIVIR on adjacent page.







## Patient Information about COMBIVIR Tablets

for HIV (Human Immunodeficiency Virus) Infection  
Generic name: lamivudine/zidovudine tablets

*Please read this information before you start taking COMBIVIR. Staying informed will help you to work more closely with your doctor and healthcare team to determine what is best for you. Remember, this information does not take the place of careful discussion with your doctor. You should remain under a doctor's care when using COMBIVIR and should not change or stop treatment without first talking with your doctor.*

### What is COMBIVIR?

COMBIVIR is the brand name of a tablet that combines EPIVIR® Tablets (lamivudine tablets) [3TC<sup>®</sup>] and RETROVIR® (zidovudine) Tablets [ZDV], two drugs which are used to treat HIV (human immunodeficiency virus). HIV is the virus that causes AIDS (acquired immune deficiency syndrome).

### How does COMBIVIR work?

COMBIVIR is a combination of lamivudine (la-MIV-u-deen) and zidovudine (ZI-DOHV-u-deen), two medicines (nucleoside analogues) that slow down the replication of the HIV virus. This can reduce the virus' ability to infect new cells. It may help lower the amount of HIV in your body (called "viral load") and raise your CD4 (T) cell count. Lamivudine plus zidovudine when used together can have stronger (synergistic) effects against the virus. COMBIVIR is a convenient way of taking lamivudine and zidovudine. COMBIVIR should usually be taken with other anti-HIV therapy.

### Will COMBIVIR work the same as EPIVIR and RETROVIR taken together?

Taking one COMBIVIR Tablet twice a day is the same as taking one EPIVIR 150 mg Tablet twice a day and either two RETROVIR 100 mg Capsules three times a day or one RETROVIR 300 mg Tablet twice a day.

### How should I take COMBIVIR?

Take COMBIVIR as your doctor prescribes it. The recommended dose is one COMBIVIR Tablet orally two times a day, with or without food. To help make sure you will benefit from COMBIVIR, you must not skip doses or take "drug holidays."

### What should I do if I miss a dose of COMBIVIR?

If you miss a dose by more than 4 hours, wait and then take the next dose at the regularly scheduled time. However, if you miss a dose by less than 4 hours, take your missed dose immediately. Then take your next dose at the regularly scheduled time. Do not take more or less than your prescribed dose of COMBIVIR at any one time.

### Does COMBIVIR cure HIV infection or AIDS?

No, there is not a cure for HIV infection or AIDS. People taking COMBIVIR may still develop infections or other illnesses associated with HIV. Because of this, it is very important to remain under the care of a healthcare provider. Use of lamivudine plus zidovudine has been shown to help patients with HIV infection stay healthy and live longer.

### Does COMBIVIR reduce the risk of passing HIV to others?

No, COMBIVIR, as well as other HIV medications, has not been shown to reduce the risk of passing HIV to others through sexual contact or blood contamination.

### Who should not take COMBIVIR?

You should not take COMBIVIR if you have had a serious allergic reaction to either lamivudine (also known as EPIVIR or 3TC) or zidovudine (also known as RETROVIR or ZDV).

Do not take COMBIVIR at the same time as EPIVIR or RETROVIR, or TRIZIVIR® (abacavir sulfate/lamivudine/zidovudine), because they also contain lamivudine and zidovudine.

Individual dosing with EPIVIR plus RETROVIR, rather than COMBIVIR, should be considered for:

- A child under 12 years of age.
- Anyone who requires dosage adjustments due to drug side effects or poor kidney function.

If you are 65 years of age or over, consult your healthcare professional about the functioning of your liver, kidneys, and heart; about other illnesses you may suffer from, and about any other medications you may be taking. It is possible that the dosage may need to be modified.

### What medical problems or conditions should I discuss with my healthcare provider?

Talk to your healthcare provider if:

- You are pregnant or if you become pregnant while taking COMBIVIR. Ask your doctor about enrolling you in the Antiretroviral Pregnancy Registry: 1-800-258-4263.
- You are breast-feeding. Mothers infected with HIV should not breast-feed their infants because HIV is present in breast milk.

Also talk to your doctor about:

- Problems with your blood counts.
- Problems with your muscles.
- Problems with your kidneys.
- Problems with your liver, especially if you have mild or moderate liver disease, such as hepatitis.

### Can COMBIVIR be taken with other medications?

Yes. COMBIVIR can be taken with most other medications, including most anti-HIV drugs. Be sure to tell your doctor about all medications, over-the-counter or prescription, that you are taking.

### What are the possible side effects of COMBIVIR?

Do not rely on this summary alone for information about side effects. Your healthcare provider can discuss with you a more complete list of side effects that may be relevant to you.

The safety of COMBIVIR is not expected to be different from the safety of EPIVIR and RETROVIR given separately.

In clinical studies of lamivudine plus zidovudine, side effects occurring in 5% or more of patients included: muscle and joint pain, headache, nausea, weakness and fatigue, nasal symptoms, cough, diarrhea, nausea and vomiting, neuropathy, trouble sleeping, fever or chills, loss of appetite, dizziness, abdominal pain or cramps, depression, skin rashes, and indigestion.

It's important to know that serious side effects can occur with COMBIVIR, such as a decrease in red and white blood cells and muscle damage. A buildup of lactic acid and an enlarged liver, including fatal cases, have been reported rarely with some HIV drugs, including nucleoside analogues.

For HIV-infected individuals, periodic blood tests are recommended. If certain changes occur in your laboratory results while you are taking COMBIVIR, particularly if you become anemic or if your white blood cell count falls too low, your medication may need to be adjusted; your doctor may prescribe EPIVIR plus RETROVIR separately in place of COMBIVIR.

Tell your doctor promptly about any side effects or other unusual symptoms you may experience. Although it may make you healthier, COMBIVIR does not cure HIV.

### Safety Information

**Make sure to see your doctor regularly, because serious side effects can occur, such as muscle damage and a decrease in red and white blood cells. A buildup of acid in the blood, and an enlarged liver, including fatal cases, have been seen. The most frequent side effects are headache, upset stomach, malaise or fatigue, and runny nose.**

### Other Information

**This medication is prescribed for a particular condition. Do not use it for any other condition or give it to anybody else. Keep COMBIVIR and all medicines out of the reach of children.**

Like most prescription drugs, lamivudine and zidovudine were required to be tested on animals before they were allowed for human use. In animal studies with doses much higher than those used in humans, zidovudine was associated with vaginal tumors. Your healthcare provider can tell you more about how drugs are tested on animals and what the results of these tests may mean about safety for you.

### How should I store COMBIVIR Tablets?

COMBIVIR Tablets may be stored at room temperature and do not require refrigeration.

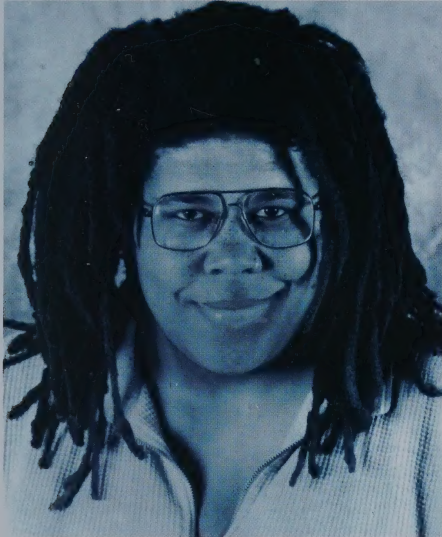


GlaxoSmithKline

GlaxoSmithKline  
Research Triangle Park, NC 27709

*This provides a summary of information about COMBIVIR. If you have any questions or concerns about COMBIVIR or HIV, talk to your healthcare provider.*





**T**he month of June brings us Flag Day, Father's Day, and Summer Solstice, the official beginning of summer. Arise celebrates Lesbian, Gay, Bisexual, Transgender and Questioning Pride. June is also the month of Pride celebrations, more than 50 world wide in cities from Albany, New York, to Zurich, Switzerland. Pride Celebrations in 2003 will occur in 24 countries on 6 continents. ([www.interpride.org](http://www.interpride.org)).

In 2003, as in all the years preceding, Queer folks are targeted and queer folks of African descent are double targets. One recent hate crime that did not receive much publicity was that of 15-year old Sakia Gunn of Newark who was stabbed to death on May 11th. She was first approached by two men who made sexual advances. When she told the harassers that she was a lesbian, they attacked her and stabbed her to death. Hate crimes against queers of color abound.

But there are those of us who still choose to celebrate our lives during and beyond Pride month. Arise honors that tradition, and in addition to our usual departments in art, style, travel, entertainment, and people, we focus on our celebrations of pride.

Highlights of Arise features include an exclusive interview by Brent Dorian Carpenter with two presidents of Black Gay Prides: Earl Fowlkes of DC Pride, the oldest and largest; and Johnny Jenkins, president of Detroit Pride.

Kisha "Nomvuyo" Montgomery examines the roots of rape in South Africa. She starts with the rape of then 9 month old Baby Tshepang by six men and follows their arrest, charge, and fate.

James Knox honors our late "High Priestess of Soul" Nina Simone.

Tim'm West does a personal commentary of gay black identity and masculinity in "Deconstructing Banjee Realness"

Herukhuti writes about "Building Community, Building Ourselves: The Many Faces of Pride" by examining what we have to be proud about and how we can nurture the reasons for our pride.

Jean Pierre Campbell discusses the phenomenon of "passing" racially, not in terms of sexual identity or gender identity.

AnuRa, a queer transgender womb-man of African descent speaks about living at the intersection of gender.

And as usual we have our departments on men's health, next generation, music, spirituality, money and others.

The war in Iraq is allegedly over, but how does one know when the war is over? Have the troops returned home? Are the economic tolls lessened? Are lives still being lost? What is the role of the United States government in the Iraqi regime? And what is happening closer to home? A report issued by the Children's Defense Fund reported a record number of Black kids living in extreme poverty. And you best believe that queer black kids are among those numbers.

Let us continue to live with pride in June and beyond. And as always, be safe, know your HIV status, get tested, regardless of how you identify or how those with whom you are being sexual with identify.

It does begin with you,

*Akilah Monifa*

Akilah Monifa  
Managing Editor



where more than just  
cherry blossoms come out



WASHINGTON  
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## washington, dc

diversity is in bloom year round in washington.  
for more info on great things to do in dc,  
call 800.422.8644 ext 327 and request the  
glbt travelers guide or visit [www.prideindc.org](http://www.prideindc.org).

celebrate the freedom to be. join us for  
Cherry Circuit Party, May 2-4  
Black Lesbian & Gay Pride, May 23-26  
Capital Pride, June 1-8





photo by David Jacquot

# ARISE

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National Advertising Representative  
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ARISE Magazine is published by ARISE Communications, Inc.,  
 1533 41st Street, Sacramento, CA 95819. Founded in 2000.

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Gye Nyame is an Akan symbol that represents the omnipotence and the omnipresence of God and originates from Ghana, West Africa. ARISE Magazine embraces Gye Nyame to affirm the inherent spiritual nature of all African descended diverse people. While we acknowledge and honor the bountiful expression of our individual spiritual beliefs, Gye Nyame is offered as an articulation of our totality and collective strength to effect positive change.







# pride

June 2003 - V3 Issue 5

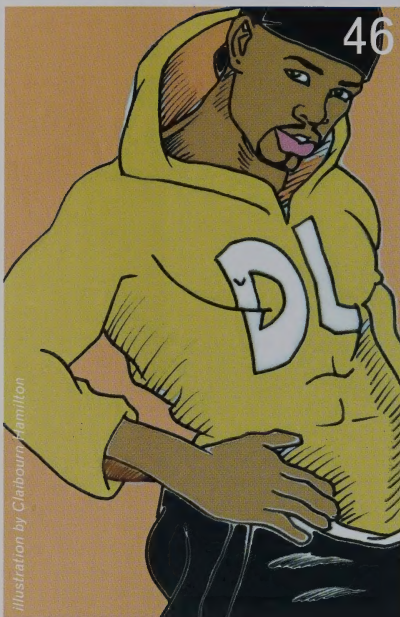


illustration by Clabourn Hamilton

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publishers: MacArthur H. Flournoy & Glenn Alexander



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photo by David Jacquot



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# A BLACK GAY MEN'S CALL TO ACTION

**M**ore than two decades have passed since the HIV/AIDS pandemic emerged. Despite advancements in other communities, the virus's progression among Black people continues to quicken.

As a group of professional Black gay men, we call on our community to join us in the fight to rid our community of this devastating disease. We come together from all walks of life to search for and implement solutions. We are elected officials and public servants. We are leaders in the world of music. We are businessmen, lawyers, artists, entertainment and media executives, and scientists. Despite our varied areas of expertise, our strength is our common vision. We are Black men who refuse to remain silent while Black people account for over half of all new HIV infections every year in the United States.

Our community must recognize that this is a state of emergency. We must each speak openly about living with HIV—whether or not we are infected, we are all affected. It is our collective responsibility to be informed and responsible.

- We must protect ourselves and our partners from the virus's continued spread.
- We must teach each other about HIV and AIDS and recognize that this is a preventable and treatable disease.
- We must get tested and encourage our partners, family and friends to do the same.
- If we are positive, we must get into treatment.
- And, we must demand that we as a Black community call upon our own resources and our government to take appropriate and targeted action to combat the epidemic in our communities.

Perhaps most crucially, we must engage every part of the Black community in a coordinated effort to turn the tide. It is time for us to reject the paralyzing denial, stigma and homophobia promoted by a few lone voices. We must confront the socio-economic conditions that cause people to do drugs and exchange needles; challenge the lack of affordable medicine and treatment options available to many of us; dispel the myths and misinformation circulating in our communities; and alleviate the myriad of issues that contribute to the spread of AIDS in Black communities today.

We are calling on every Black organization in America to add HIV/AIDS to its agenda. And we are asking every Black man, woman, and child to make a personal commitment to fight against HIV/AIDS in our communities.

Finally, it is time for Black gay men to stand up and be counted. In order to participate in the healing of our community we must first heal ourselves. So we are joining together as one voice, one body, and under one spirit of love. It is through this union that our healing can begin. And so we invite our mothers, fathers, brothers and sisters to join us in a partnership to end this pandemic. Only through coming together can we end the plague sweeping through all quarters of Black America. The power to save our lives ultimately lies in our own hands!

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Keith Boykin, Esq. lecturer and writer,  
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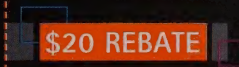


**OUTRAGEOUS.**





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# TO THE BLACK COMMUNITY

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John Newsome, The Bridgespan Group\*, San Francisco

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Steve Oxendine, Consultant, San Francisco

The Honorable Philip Reed, City Council Member, New York City

The Honorable Ken Reeves, City Council Member, Cambridge

Leo Rennie, NASTAD\*, Washington DC

Doug Spearman, Actor, Los Angeles

Pilgrim S. Spikes, PhD, MPH, Researcher, Atlanta

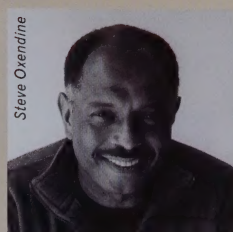
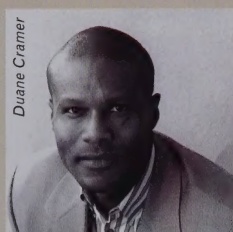
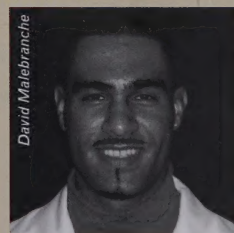
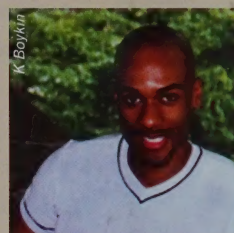
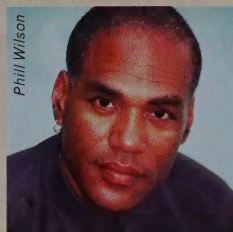
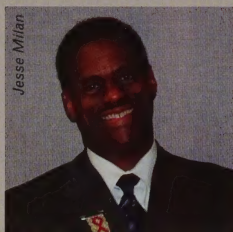
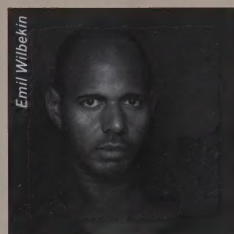
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Phill Wilson, Black AIDS Institute, Los Angeles

Kai Wright, Journalist, New York





# PRESIDENTS OF PRIDE

By Brent Dorian Carpenter

In the expanding world of Black Gay Prides, two figures tower above the rest. Both of them represent two of the longest-serving Presidents of their respective organizations, and each has ushered their groups through tumultuous times and remarkable growth and accomplishments. Their names are synonymous with the Pride movements in their cities. Both are stepping down after this summer's events to focus on new challenges.

When he is not directing the activities of DC Black Gay Pride, Earl Fowlkes, 47, is the Executive Director of Damien Ministries, Inc., a faith-based HIV/AIDS service provider with a mission of serving the "poorest of the poor" living with HIV/AIDS. Originally from Philadelphia, he has been DC Pride president for six years and on the board for seven.

Johnny Jenkins, nicknamed JY, is a 34-year old native Detroiter who co-founded Detroit Black Gay Pride in 1996. In his alternate identity, he is the Creative Director of NoirAmerica, a multi-media project where he gets to express himself through poetry, art and graphic design.

The two Presidents of Pride sat down recently with freelance writer Brent Carpenter for an exclusive interview with Arise Magazine.



Earl Fowlkes, President DC Pride



**Earl, tell me a little bit about  
your background.**

I worked in corporate America before getting involved in the health field. I got involved in AIDS while living in NYC in the 1980s and saw so many of my friends of color dying while people were saying the communities of color were not affected by this disease. I felt I had to do something and I started volunteering for several fledgling AIDS organizations.

**Same question for JY.  
Anything new and/or different?**

We are integrating increased political overtones into our overall effort. Changes to the picnic and festival are being discussed in our bi-weekly Community Forums. The Genesis Summit will include some very provocative workshops as well. Outside of the annual celebration, we are coordinating a community-wide effort with Affirmations, Triangle Foundation [outreach organizations] and the Gill Foundation to develop a civil participation project. It will be supported with a broad-based media campaign to encourage more awareness about the political environment here in Southeast Michigan.

**DC Pride is the oldest and  
largest of the Prides.  
What do you attribute to the success?**

I think DC's success has a lot to do with how the event started. People were coming to DC to party long before Black Pride, so we always had the consumer base. I believe that the organization has always had the ability to appeal to a broad cross section of the Black LGBT community and offer things other than parties (e.g. workshops, the Black Pride Festival at the new Washington Convention Center). I think our event is something that people can be proud of, especially since the Festival is the largest gathering of Black LGBT in the world.

**There was a shakeup on the DBG Pride  
board after last year's event. How are the  
new board members shaping up so far?**

Well, I always have very high expectations of people. I expect this board to step up and provide leadership and vision with each challenge. So, with that said, the entire board is a "work in progress," myself included. I have no doubt that they are a committed group of people, destined to do great grassroots work.

**What should we expect from DC Pride  
this year? Anything new and/or different?**

We will be doing the staging and the dance tent a little different this year and I think that everyone will like what they see. The Spoken Word Slam will also be at the convention center on Sunday as well. Last year, the Spoken Word was so successful on Saturday at the Renaissance that we wanted to bring more people to the event by including it with the Festival. We are also doing a party at the Nation, which is one of the largest clubs in the city, and we are working with almost all club owners and promoters who will be here over the weekend to make this a great time for everyone.

**The International Federation of  
Black Prides is holding its first confer-  
ence in South Africa at the end of  
this year. Earl is the head of that effort.  
Tell me about that and talk  
specifically about that unprecedented  
Pride movement over there.**

The IFBP is co-sponsoring the event along with South Africa Black Pride. The International Conference of Lesbians, Gays, Bisexuals and Transgender People of African Descent, Imbizo, on October 27-30, 2003. The mission of this historic conference is to bring lesbian, gay, bisexual and transgender people of African



descent from across the world together to share thoughts, ideas and information, on three broad subject categories—health, politics and culture—as they relate to the global community of LGBT persons of African descent. The theme of the conference is Imbizo, a Xhosa word that refers to a meeting of elders. I am one of the co-chairs with Andile Vinjiwe, South Africa Black Pride president being the other.

South Africa Black Pride has been around for about five years and I was there last year. The Black LGBT community in South Africa is really starting to mature, especially as they deal with the AIDS pandemic there, much the way our community grew as a result of dealing with AIDS in the US. South Africa is dealing with so many issues in the post-apartheid era, including employment, economics, racism, sexism, housing, etc. Unemployment is over 65% for blacks and this has an impact on how much energy people can spend on gay issues.

**JY, you have been named a regional vice-president of the IFBP for the Midwest. What are your responsibilities?**

In a nutshell, my position is to nurture a sense of community on a regional level. Encourage folk to communicate and network across geographical boundaries. Since my focus is the Midwest, I will be accessible to other black pride organizers from Chicago, Cleveland, St. Louis, Milwaukee, Minneapolis and other mid-western areas. Currently, I am planning our first IFBP-Midwest Regional meeting during Windy City Pride in Chicago this summer.

**Many have high hopes that the IFBP will step up to the plate and fill in the void created by the collapse of the National Black Lesbian & Gay Leadership Forum, which DBG Pride hosted last summer. Any comments about that, Earl?**

I was saddened by the collapse of a once-

promising organization in our community. I think that the IFBP will fill in some of the void as we continue to define our mission and strengthen the individual prides. The IFBP will only be as strong as our individual Black Prides and there is a desire to address health, economic and political issues in our respective communities, regionally and nationwide.

**Speaking of health issues, DC Pride is tackling the thorny issue of sex parties this year. Elaborate.**

Sex parties have become a major problem for pride events, especially in our host hotels. The real tragedy is that we have a public health crisis called AIDS, which continues to kill black gay men. Sex parties are part of the health crisis and there is no place for them in any of our Black Prides. We recently agreed on a statement defining who we are and stating quite plainly that sex parties are not part of Black Pride. We will be moving aggressively against sex parties in our host hotel.

**JY, what effect has DBG Pride had on Detroit's Gay community?**

A profound effect. In Detroit, it has provided us with visibility. By using it as a vehicle to mobilize ourselves, we have created alliances with local politicians, as well as other traditional black and LGBT institutions. Few people realize how important it is for the traditional powerbase, especially in a working class city such as Detroit, to have a black face to give the cause credibility. It's hard for our black leaders to deny us when we look like a cousin, uncle, brother, or sister from the family. Our black families have gotten away with keeping us closeted because we let them. During the last election I realized that a little courage within our conviction makes it difficult for them to deny us. If you are comfortable within your own skin, they have no choice but to either respect you or expose their own insecurities. That's what I believe pride is about: awareness.

*continues on page 80*



# *I'm* DOING WHAT MATTERS TO *me again*



*HIV+ and no energy to do the things you used to do?  
You may have anemia – a serious health concern.*

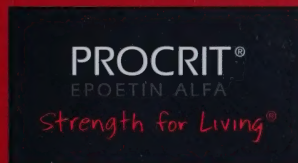
Over half of all people who are being treated for HIV are taking medications that include AZT. These medications can reduce the number of red blood cells in your body and cause anemia, which can make you feel tired and weak. Don't just ignore it or try to live with it. PROCRIT increases the production of red blood cells. More red blood cells can mean more energy.

**If you think anemia is stopping you from doing what matters to you, talk to your doctor.**

Write down anything you might like to talk about beforehand, and ask your questions at the beginning of your appointment. Be specific about how tiredness is affecting you. Example: "I used to be able to have a few friends over for dinner. Now, I can't." This is more specific than "I'm tired all the time."

**Ask about your red blood cell count, and if PROCRIT is right for you.**

PROCRIT is an effective treatment for anemia induced by AZT-containing regimens in HIV patients. PROCRIT is proven and safe. In studies, side effects were similar in PROCRIT- and placebo-treated patients. PROCRIT is available by prescription only and is injected by your doctor or nurse. For complete details, see the Brief Prescribing Information on the following page.



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EPOETIN ALFA  
For Injection**

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**INDICATIONS AND USAGE**

PROCRT® (Epoetin alfa) is indicated for the treatment of anemia related to therapy with zidovudine in human immunodeficiency virus (HIV)-infected patients. PROCRT is indicated to elevate or maintain the red blood cell level (as manifested by the hematocrit (HCT) or hemoglobin determinations) and to decrease the need for transfusions in these patients. PROCRT is not indicated for the treatment of anemia in HIV-infected patients due to other factors such as iron or f deficiencies, hemolysis or gastrointestinal bleeding, which should be managed appropriately.

PROCRT, at a dose of 100 U/kg 3 times per week (TIW), is effective in decreasing the transfusion requirement and increasing the red blood cell level of anemic, HIV-infected patients treated with zidovudine, when the endogenous serum erythropoietin level is  $\leq 500$  mU/mL and when patients are receiving a dose of zidovudine  $\leq 4200$  mg/week.

**CONTRAINDICATIONS**

PROCRT is contraindicated in patients with: 1) Uncontrolled hypertension; 2) Known hypersensitivity to mammalian cell-derived products; 3) Known hypersensitivity to Albumin (Human).

**WARNINGS**

**Pediatric Use:** The multidose preserved formulation contains benzyl alcohol. Benzyl alcohol has been reported to be associated with an increased incidence of neurological and other complications in premature infants, which are sometimes fatal. PROCRT therapy has not been linked to exacerbation of hypertension, seizures, and thrombotic events in HIV-infected patients.

**Pure Red Cell Aplasia**

Pure red cell aplasia (PRCA), in association with neutralizing antibodies to native erythropoietin, has been reported in patients treated with recombinant erythropoietins. PRCA has been reported in a limited number of patients exposed to PROCRT. This has been reported predominantly in patients with CRF. Any patient with loss of response to PROCRT should be evaluated for the etiology of loss of effect (see PRECAUTIONS: Lack or Loss of Response). PROCRT should be discontinued in any patient with evidence of PRCA and the patient evaluated for the presence of binding and neutralizing antibodies to PROCRT, native erythropoietin, and any other recombinant erythropoietin administered to the patient. Amgen/Ortho Biotech Products, L.P. should be contacted to assist in this evaluation. In patients with PRCA secondary to neutralizing antibodies to erythropoietin, PROCRT should not be administered and such patients should not be switched to another product as anti-erythropoietin antibodies cross-react with other erythropoietins (see ADVERSE REACTIONS).

**PRECAUTIONS**

The parental administration of any biologic product should be attended by appropriate precautions in case allergic or other untoward reactions occur (see CONTRAINDICATIONS). In clinical trials, while transient rashes were occasionally observed concurrently with PROCRT therapy, no serious allergic or anaphylactic reactions were reported. (See ADVERSE REACTIONS for more information regarding allergic reactions.)

The safety and efficacy of PROCRT therapy have not been established in patients with a known history of a seizure disorder or underlying hematologic disease (eg, sickle cell anemia, myelodysplastic syndromes, or hypercoagulable disorders).

In some female patients, menses have resumed following PROCRT therapy; the possibility of pregnancy should be discussed and the need for contraception evaluated.

**Hematology:** Exacerbation of porphyria has been observed rarely in patients with chronic renal failure (CRF) treated with PROCRT. However, PROCRT has not caused increased urinary excretion of porphyrin metabolites in normal volunteers, even in the presence of a rapid erythropoietic response. Nevertheless, PROCRT should be used with caution in patients with known porphyria.

In preclinical studies in dogs and rats, but not in monkeys, PROCRT therapy was associated with subclinical bone marrow fibrosis. Therefore, zidovudine-treated HIV-infected patients should have HCT measured once a week (W) until HCT has been stabilized, and measured periodically thereafter.

**Lack or Loss of Response:** If the patient fails to respond or to maintain a response to doses within the recommended dosing range, the following etiologies should be considered and evaluated: 1) Iron deficiency. Virtually all patients will eventually require supplemental iron therapy (see Iron Evaluation). 2) Underlying infectious, inflammatory, or malignant processes. 3) Occult blood loss. 4) Underlying hematologic diseases (ie, thalassemia, refractory anemia, or other myelodysplastic disorders). 5) Vitamin deficiencies: folic acid or vitamin B12. 6) Hemolysis. 7) Aluminum intoxication. 8) Osteitis fibrosa cystica.

In the absence of another etiology, the patient should be evaluated for evidence of PRCA and sera should be tested for the presence of antibodies to recombinant erythropoietins.

**Iron Evaluation:** During PROCRT therapy, absolute or functional iron deficiency may develop. Functional iron deficiency, with normal ferritin levels but low transferrin saturation, is presumably due to the inability to mobilize iron stores rapidly enough to support increased erythropoiesis. Transferrin saturation should be at least 20% and ferritin should be at least 100 ng/mL.

Prior to and during PROCRT therapy, the patient's iron status, including transferrin saturation (serum iron divided by iron binding capacity) and serum ferritin, should be evaluated. Virtually all patients will eventually require supplemental iron to increase or maintain transferrin saturation to levels which will adequately support erythropoiesis stimulated by PROCRT.

**Drug Interactions:** No evidence of interaction of PROCRT with other drugs was observed in the course of clinical trials.

**Carcinogenesis, Mutagenesis, and Impairment of Fertility:** Carcinogenic potential of PROCRT has not been evaluated. PROCRT does not induce bacterial gene mutation (Ames Test), chromosomal aberrations in mammalian cells, micronuclei in mice, or gene mutation at the HGPRT locus. In female rats treated intravenously (IV) with PROCRT, there was a trend for slightly increased fetal wastage at doses of 100 and 500 U/kg.

**Pregnancy Category C:** PROCRT has been shown to have adverse effects in rats when given in doses 5 times the human dose. There are no adequate and well-controlled studies in pregnant women. PROCRT should be used during pregnancy only if potential benefit justifies the potential risk to the fetus.

In studies in female rats, there were decreases in body weight gain, delays in appearance of abdominal hair, delayed eyelid opening, delayed ossification, and decreases in the number of caudal vertebrae in the F1 fetuses of the 500 U/kg group. In female rats treated IV, there was a trend for slightly increased fetal wastage at doses of 100 and 500 U/kg.

**Nursing Mothers:** Postnatal observations of the live offspring (F1 generation) of female rats treated with PROCRT during gestation and lactation revealed decreases in body weight gain, delays in appearance of abdominal hair, eyelid opening, and decreases in the number of caudal vertebrae in

the F1 fetuses of the 500 U/kg group. It is not known whether PROCRT is excreted in human milk. Because many drugs are excreted in human milk, caution should be exercised when PROCRT is administered to a nursing woman.

**Pediatric Use:** See WARNINGS, Pediatric Use.

**Pediatric HIV-Infected Patients:** Published literature has reported the use of PROCRT in 20 zidovudine-treated anemic HIV-infected pediatric patients ages 8 months to 17 years, treated with 50 to 400 U/kg subcutaneously (SC) or IV, 2 to 3 times per week (BIW to TIW). Increases in hemoglobin levels and in reticulocyte counts, and decreases in or elimination of blood transfusions were observed.

**Hypertension:** Exacerbation of hypertension has not been observed in zidovudine-treated HIV-infected patients treated with PROCRT. However, PROCRT should be withheld in these patients if preexisting hypertension is uncontrolled, and should not be started until blood pressure (BP) is controlled. In double-blind studies, a single seizure has been experienced by a patient treated with PROCRT.

**ADVERSE REACTIONS**

**Immunogenicity**

As with all therapeutic proteins, there is the potential for immunogenicity. Cases of antibody-induced PRCA in patients treated with recombinant human erythropoietins have been described in publications.

Very rare occurrences of PRCA and the presence of antibodies with neutralizing activity have been reported since market introduction of PROCRT in the United States (see WARNINGS: Pure Red Cell Aplasia). Cases have been observed in patients treated by both SC and IV routes of administration. Among reported cases where the route of administration is known, PRCA has been observed more with SC administration than IV administration.

The incidence of antibody formation is highly dependent on the sensitivity and specificity of the assay. Additionally, the observed incidence of antibody positivity in an assay may be influenced by several factors including sample handling, timing of sample collection, concomitant medications, and underlying disease. For these reasons, comparison of the incidence of antibodies to PROCRT with the incidence of antibodies to other products may be misleading.

Adverse events reported in clinical trials with PROCRT in zidovudine-treated HIV-infected patients were consistent with the progression of HIV infection. In double-blind, placebo-controlled studies of 3-months duration involving approximately 300 zidovudine-treated HIV-infected patients, adverse events with an incidence of  $\geq 10\%$  in either patients treated with PROCRT or placebo-treated patients were:

Percent of Patients Reporting Event: Event followed by Patients Treated With PROCRT (N=144) first, Placebo-Treated Patients (N=153) second:

Pyrexia 38%, 29%; Fatigue 25%, 31%; Headache 19%, 14%; Cough 18%, 14%; Diarrhea 16%, 18%; Rash 16%, 8%; Congestion, Respiratory 15%, 10%; Nausea 15%, 12%; Shortness of Breath 14%, 13%; Asthenia 11%, 14%; Skin Reaction (Administration Site) 10%, 7%; Dizziness 9%, 10%.

There were no statistically significant differences between treatment groups in the incidence of the above events.

In the 297 patients studied, PROCRT was not associated with significant increases in opportunistic infections or mortality. In 71 patients from this group treated with PROCRT at 150 U/kg TIW, serum p24 antigen levels did not appear to increase. Preliminary data showed no enhancement of HIV replication in infected cell lines in vitro.

Peripheral white blood cell and platelet counts are unchanged following PROCRT therapy.

**Allergic Reactions:** Two zidovudine-treated HIV-infected patients had urticarial reactions within 48 hours of their first exposure to study medication. One patient was treated with PROCRT and one was treated with placebo (PROCRT vehicle alone). Both patients had positive immediate skin tests against their study medication with a negative saline control. The basis for this apparent preexisting hypersensitivity to components of the PROCRT formulation is unknown, but may be related to HIV-induced immunosuppression or prior exposure to blood products.

**Seizures:** In double-blind and open-label trials of PROCRT in zidovudine-treated HIV-infected patients, 10 patients have experienced seizures. In general, these seizures appear to be related to underlying pathology such as meningitis or cerebral neoplasms, not PROCRT therapy.

**OVERDOSAGE**

The maximum amount of PROCRT that can be safely administered in single or multiple doses has not been determined. Doses of up to 1500 U/kg TIW for 3 to 4 weeks have been administered to adults without any direct toxic effects of PROCRT itself. Therapy with PROCRT can result in polycythemia if the HCT is not carefully monitored and the dose appropriately adjusted. If the suggested target range is exceeded, PROCRT may be temporarily withheld until the HCT returns to the suggested target range; PROCRT therapy may then be resumed using a lower dose (see DOSAGE AND ADMINISTRATION). If polycythemia is of concern, phlebotomy may be indicated to decrease the HCT.

**DOSAGE AND ADMINISTRATION**

Prior to beginning PROCRT, it is recommended that the endogenous serum erythropoietin level be determined (prior to transfusion). Available evidence suggests that patients receiving zidovudine with endogenous serum erythropoietin levels  $>500$  mU/mL are unlikely to respond to therapy with PROCRT.

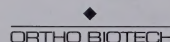
**Starting Dose:** For adult patients with serum erythropoietin levels  $<500$  mU/mL who are receiving a dose of zidovudine  $\leq 4200$  mg/week, the recommended starting dose of PROCRT is 100 U/kg as an IV or SC injection TIW for 8 weeks. For pediatric patients, see PRECAUTIONS, Pediatric Use.

**Increase Dose:** During the dose adjustment phase of therapy, the HCT should be monitored weekly. If the response is not satisfactory in terms of reducing transfusion requirements or increasing HCT after 8 weeks of therapy, the dose of PROCRT can be increased by 50-100 U/kg TIW. Response should be evaluated every 4-8 weeks thereafter and the dose adjusted accordingly by 50-100 U/kg increments TIW. If patients have not responded satisfactorily to a PROCRT dose of 300 U/kg TIW, it is unlikely that they will respond to higher doses of PROCRT.

**Maintenance Dose:** After attainment of the desired response (ie, reduced transfusion requirements or increased HCT), the dose of PROCRT should be titrated to maintain the response based on factors such as variations in zidovudine dose and the presence of intercurrent infectious or inflammatory episodes. If the HCT exceeds 40%, the dose should be discontinued until the HCT drops to 36%. The dose should be reduced by 25% when treatment is resumed and then titrated to maintain the desired HCT.

**STORAGE**

Store at 2° to 8°C (36° to 46°F). Do not freeze or shake.  
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# The Verdict and the Vigil in Cobb County

## by Craig Washington

In a TV interview with Charlie Rose, premier author Toni Morrison was asked if she thought the LA riots signaled the death of black folks' faith in achieving justice in the US. The grisly upheaval was ignited by the acquittal of the police officers caught on videotape beating an innocent Rodney King senseless. Morrison emphasized that it was not the infamous video of the beating itself that sparked the riot, as many first suspected it would. It was the verdict, the court's excusal of the 20th century's most publicized private lynching that really set it off. It was the fermented spillover from dashed expectations that in the face of such irrefutable evidence, surely justice would be served. In the wake of the civil rights movement, black people had come to expect justice. The dream deferred became America's nightmare as forewarned by Langston Hughes, another canonized writer whose art recounted the travails and triumphs of his people.

In an era where gay pride events have evolved from grass roots protest marches to corporate sponsored parades, many gays may feel that there is little injustice left to fight against. While they may not be surprised by intermittent acts anti-gay violence, they have come to assume that such wrongs will be made right; they have come to expect justice. A recent verdict in Cobb County insulted such assump-

tions and stirred outrage throughout metro Atlanta. On March 22nd, a mostly gay crowd of 200 gathered at a candlelight vigil in downtown Marietta on to protest the February 28th acquittal of Roderquis Rashad Reed. Reed was charged with the May 2001 murder of Ahmed Dabarran, a 32 year-old closeted black gay man originally from Somalia who was a highly respected Fulton County assistant attorney. Reed claimed that Dabarran invited him to his apartment where he forced Reed to have oral sex at gunpoint, after which Reed admittedly bludgeoned him to death in his sleep and took the victim's car and cell phone. He was acquitted of all charges, which included malice murder, felony murder, aggravated assault and theft. The vigil organizers decried the trial as a mockery of justice that was manipulated by the use of the "gay panic" defense. They highlighted not only the defense team's tactics but also the abject negligence and homophobia displayed by the Cobb County prosecutor Tom Cole. Steve Koval, who convened the vigil committee days after the verdict, told attendants, "Ahmed (Dabarran) was victimized three times, once by his brutal murder, a second time by the disgusting lies his murderer told at the trial...and finally by the justice system which he served so faithfully."

Among the speakers were Faisal Dabarani, Dabarran's brother and Holly Hughes, a colleague who is prosecuting the highly publi-

cized hate crimes case against a Morehouse student charged with beating a fellow student with a baseball bat because the victim looked at him in a dorm shower. The event included performances by Adodi Muse, the self-described gay Negro ensemble and the Atlanta Gay Men's Chorus. Fulton County Assistant DA Tamarra Ross, who was a friend of Dabarran, recited a heart wrenching poem "The Promise", "Will somebody speak for me/Will somebody tell of the joy with which I lived/The compassion I shared/The dedication with which I served/Will somebody please speak for me/ Fifteen blows to my skull/I can speak no more."

During the trial, Reed's attorney Vic Reynolds stated that Reed, a 21 year old black man, met Dabarran on a chat line. Dabarran invited Reed to a party at his apartment "where there would be lots of girls". A friend of Reed's testified that after Reed arrived at Dabarran's apartment, Dabarran and an unidentified man were playing "homosexual porno tapes." Reynolds said that when Reed objected, Dabarran forced Reed to be felled at gunpoint. Reed admitted to hitting Dabarran in the head with a pot after he had fallen asleep from drinking rum throughout the night. The Cobb County medical examiner testified that Dabarran had been hit 15 times with a blunt object while sleeping. His decomposing body was found in his apartment three days later



after colleagues alerted Cobb police that he was missing.

We can never know all that influenced the verdict, but several mitigating aspects of this case invite a rigorous interrogation of their influence upon its outcome. Did the gay panic defense persuade the jury to excuse the slaughter of the slumbering victim? Did Dabarran's race, religion and nationality (as well as his sexual orientation) arouse smoldering biases and trouble the presumption that he was an "innocent" victim who was wrongfully robbed of his life?

The gay panic defense is the popular term for a commonplace strategy to manipulate anti-gay biases embedded throughout the system and society (including juries, defense and prosecution attorneys, judges, the media and the public-at-large) to justify the victimization (murder, assault, harassment, discrimination) of gays and lesbians. It has often been successfully employed to ensure the acquittal of perpetrators whose guilt appears unquestionable. This device is in many ways an adaptation of tactics used to defend lynching, racist police brutality, and the rape and abuse of women. The defense attorney underscores those acts and characteristics of the victim that are associated with negative stereotypes historically assigned to the victim's race, sexual orientation and/or gender. Empathy and culpability are transposed as the jury

is swayed to identify with the defendant. Assignment of guilt is transferred from the perpetrator to the victim, and empathy is retracted from the victim and bestowed upon the perpetrator. It is the legal version of literally "blaming the victim."

In his closing argument Vic Reynolds offered the following paradoxical portrait of Dabarran. "By day an educated, articulate, felony prosecutor, a married man. The other side of a coin is a man who was on chat lines with teenagers, who frequented gay bars, who preferred street males. A man who picked up other men – a life of deceit. That lifestyle had an effect on my client." This illustrative account of Dabarran's day and nighttime personas deftly depicts Dabarran as a man of two faces as polarized as day and night. It supplants Dabarran's lofty status ("married," "educated," "felony prosecutor") with a lurid alter ego, the nocturnal homosexual marauder. As a closeted married man outted by his killer's trial, Dabarran's clandestine sexuality was inherently deceptive. Many straight folks perceive the closet as a betrayal of their presumption of the closeted one's heterosexuality, whether that presumption is based on deception, or their own assumption or denial. This discovery "reveals" Dabarran as someone who may have passed in the jurors' world as "one of us" (straight/married) but all the while was "one of them." (gay/promiscuous). In one sentence, Reynolds transforms

Dabarran from victim to perpetrator, and unmasks the upstanding daytime citizen as the perverse after dark denizen. The pre-existing stereotypes of the gay man as a sexual predator and the gay bars and back streets as his hunting grounds are used to evoke enough homophobic bias to override Dabarran's social cache and his humanity. Juror's sympathies may have been further challenged by the overtly sexual circumstances of this case. Dabarran was not only a gay man, he was a gay man allegedly looking for sex. This was not just a social call gone madly awry. It was a booty call. Garden-variety homophobic attitudes were probably exacerbated by this scandalous tale of solicited sex in the city. Contemporary urban society is still befuddled by its own schizophrenic attitudes about casual sex, straight or otherwise.

Several followers of the case claimed that Fulton County DA Tom Cole failed to provide a competent prosecution. Among them was Sandra Pope, a former police officer and close friend of Dabarran. "Its one thing to have a weak case against a defendant and lose the fight but quite another to fail to prosecute. The prosecution failed and/or refused to offer a shred of challenge that might have caused a decent but misguided person to rise above ignorance and see Ahmed Dabarran as a human being beyond his lifestyle." In an apparent attempt to negate Reed's self-identification as hetero-



sexual, Cole told the jury, "(Reed) appeared to be a diligent son during the day, but in the wee hours of the morning he's talking about partying with two homosexuals." The sentence posits the two images "diligent son" and "two homosexuals" as archetypes as oppositional as good and evil. Cole may have refuted Reed's alleged heterosexuality to debunk the gay panic defense. A male defendant could hardly convince a predominantly heterosexual jury that he was strongly repulsed by another man's invitation to sex if the defendant were not heterosexual. But the contrast also implies that one (Reed) cannot be both "diligent son" (good) and "homosexual" (evil). It is not only a refutation of Reed's heterosexuality, but also a clear indictment of homosexuals including Dabarran himself, the very person for whom the state paid Cole to ensure justice.

Ironically, Cole's representation of Reed closely resembles (in language and meaning) Raymond's Jekyll and Hyde depiction of Dabarran. As opponents with presumably opposite goals, both prosecutor and defense attorney expressed mutual attitudes about homosexuality and used strikingly similar phrasing to convey them. And while Raymond's argument logically follows his victim-blaming agenda, Cole's indirect defamation of Dabarran seems far less discernible. Cole may not have realized that the homophobic bias triggered by Reed's homosexual desire could

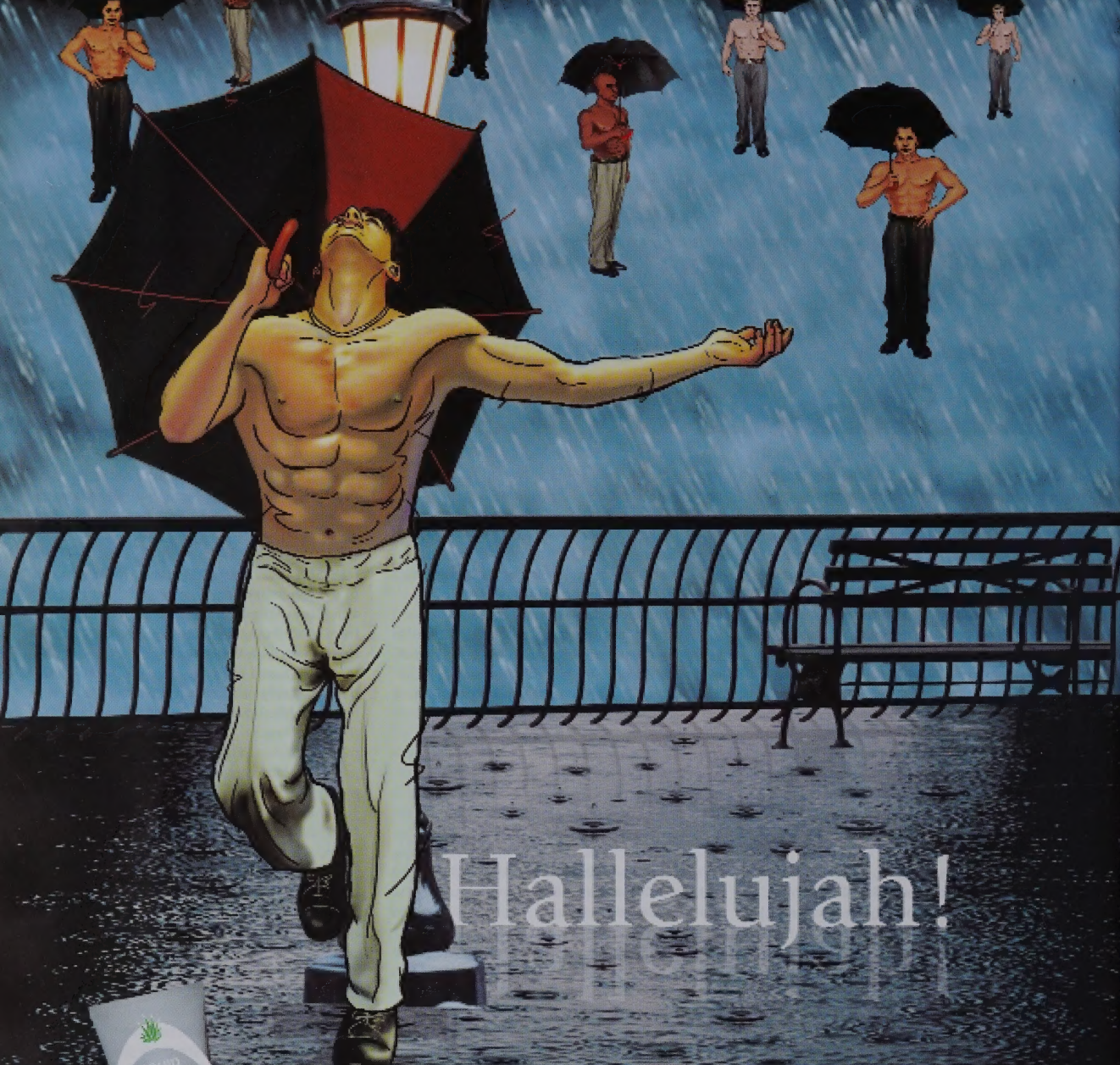
not be channeled exclusively against Reed, but such a glaring lack of foresight suggests incompetence and/or indifference. Except for the victim's brother, Cole failed to enlist any of Dabarran's admiring colleagues as character witnesses. The medical examiners report contained information contradicting the defendant's claim that Dabarran drank heavily before falling asleep that night yet Cole inexplicably failed to introduce such evidence. In light of such blunders and omissions, Cole's competence and implicit commitment to the victim appears highly questionable. "It was painfully obvious to those who watched the trial unfold in Cobb County that the lead prosecutor became paralyzed by his own homophobia, freezing not only his objectivity, but his ability to act" Pope concluded.

The well of homophobia from which the actors in this tabloid theater drew runs deep. It feeds and is fed from vast reservoirs of hatred of difference throughout society. Dabarran was not only homosexual, indeed, in the parlance of black gays he was "many things". A non-heterosexual black Muslim originally from Somalia, he represents a composite of others, multiply exotic, threatening and always in some way "guilty". Though Dabarran's race, religion and land of birth were not negatively referenced by the defense (or the prosecution), the jury was well aware of them. Any supposition of pre-disposed bias

implied by the verdict would be naive if it presumed homophobia and ignored racism, religious intolerance and xenophobia as possible co-factors. While racism (formerly known as the Negro problem) is our most acknowledged bugaboo and society has grown less tolerant of overt homophobia, our national disdain for non-Christians and black and brown people from other countries often goes unchecked or under prioritized. The scapegoating that followed 9/11, and the Iraq war propaganda has demonstrably heightened the hatred and abuse of Muslims and immigrants of color in the U.S. Throughout the trial, Cole consistently mispronounced Dabarran's name as if it was not important enough to him to learn and remember. If Dabarran were a white homosexual with a born-in-the-USA Christian name like Matthew, would Cole have shown more interest in prosecuting his killer? Would the jury have shown more compassion for the victim and concern for justice? Knowing that we'll never know will not settle the questions that haunt like restless haints, longing for answers that will never come. "Apparently the violent murder of a young, gay, black man in Cobb County was not worth the deliverance of justice," Pope concluded. In an interview following the verdict Reed's mother Carolyn Reed-Hicks said, "I don't think the jury had anything against gay people. If a person chooses to be gay, that's his choice. But you don't impose yourself. Some men just hate that."







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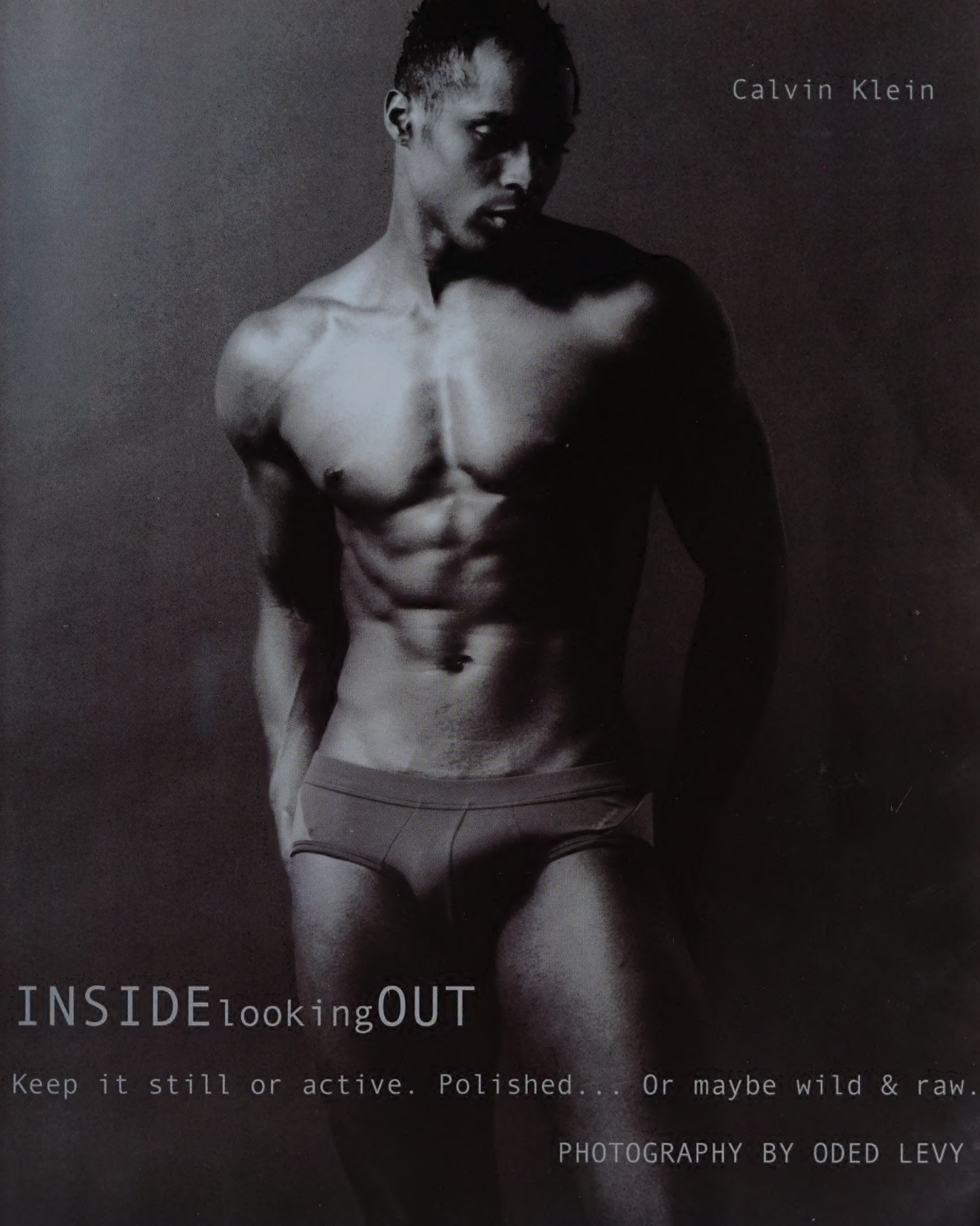
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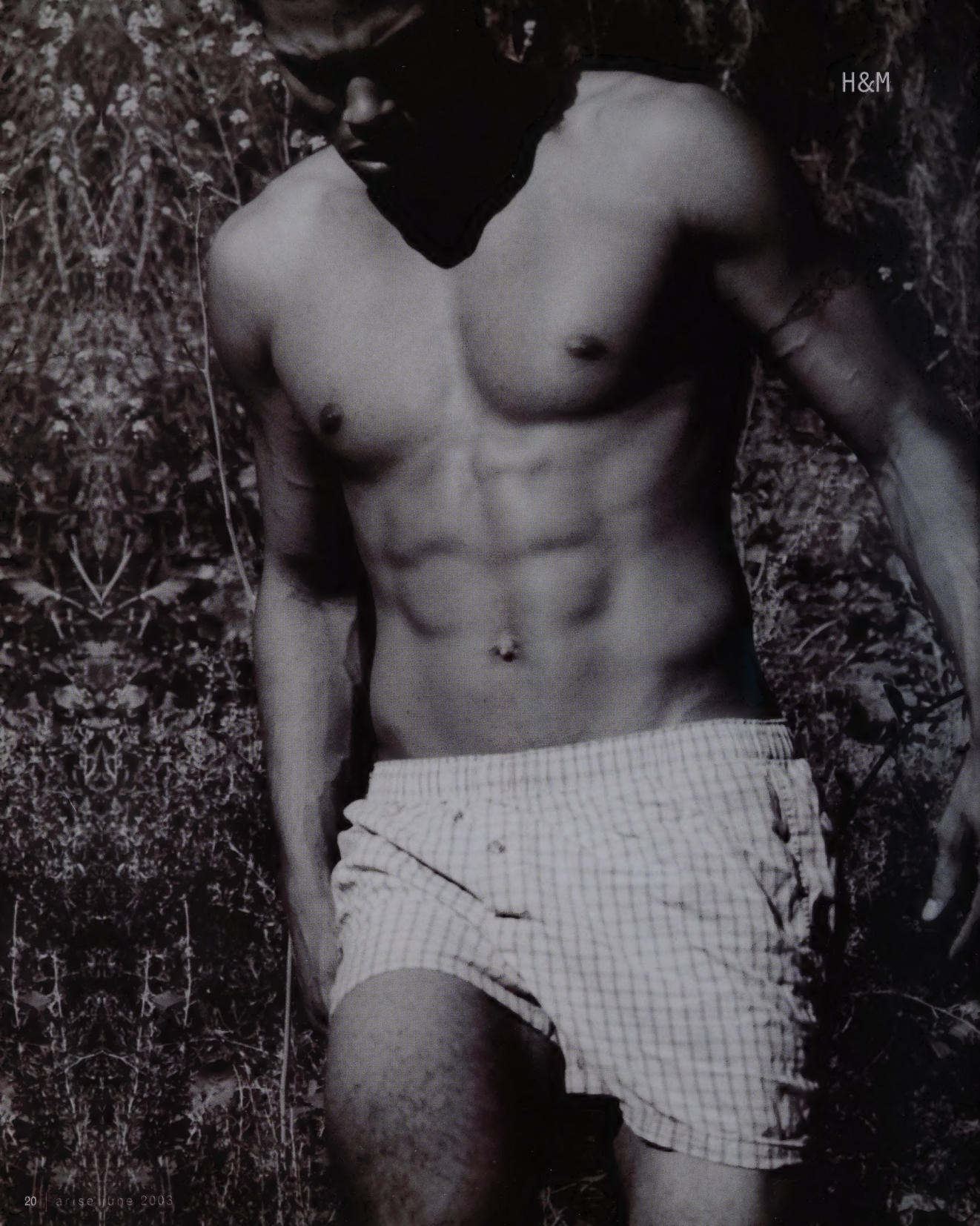
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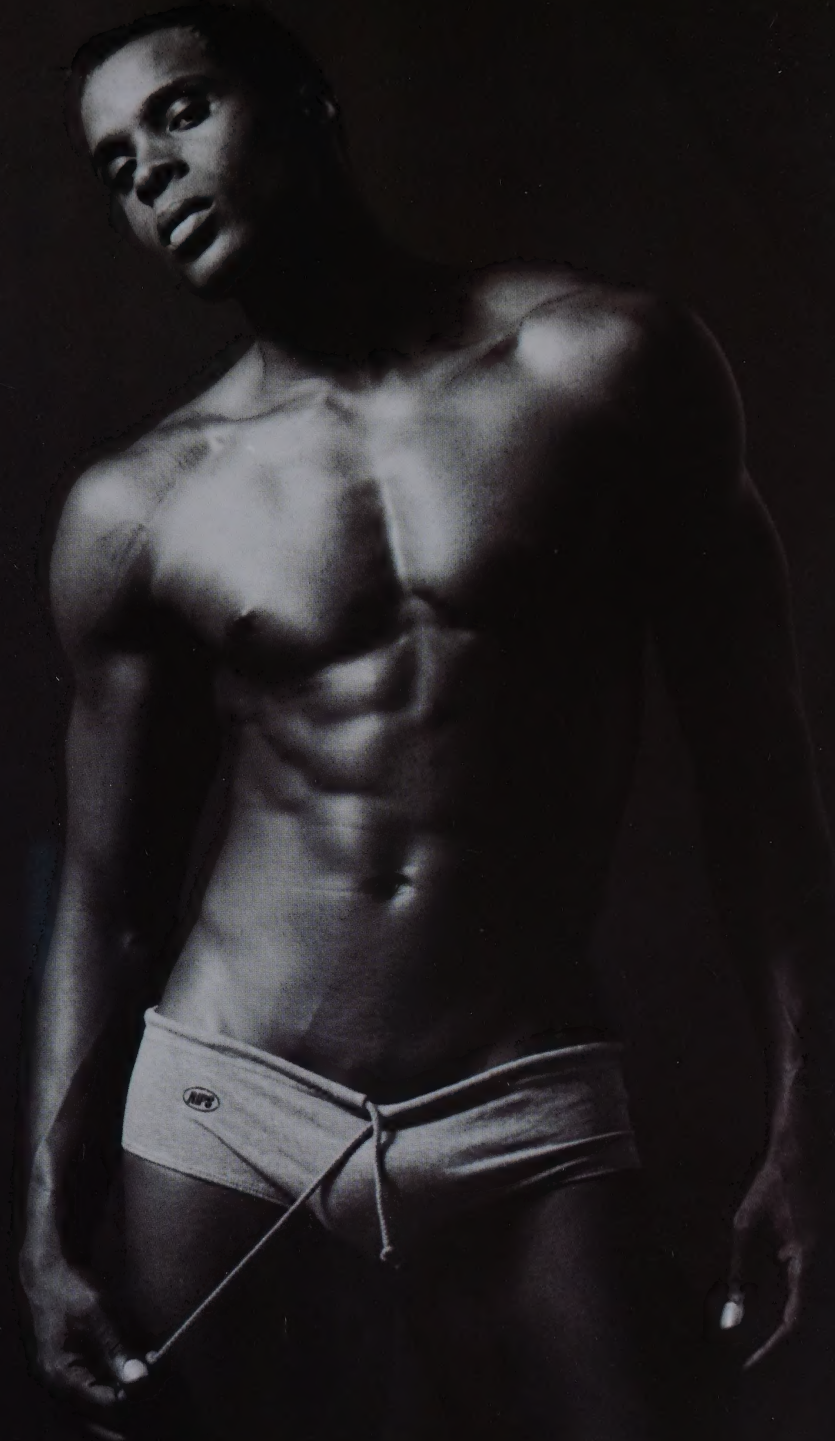


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**Ask your doctor if a once-daily  
SUSTIVA based regimen is right for you.**

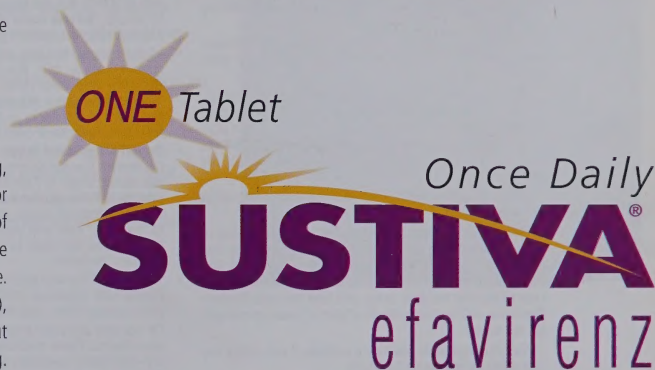
SUSTIVA (efavirenz) in combination with other antiretroviral agents is indicated for the treatment of HIV-1 infection.

**SUSTIVA does not cure HIV or prevent passing HIV to others.**

## Safety Information

Many patients have dizziness, trouble sleeping, drowsiness, trouble concentrating, and/or unusual dreams. These feelings tend to go away after taking the medication for a few weeks. Mild to moderate rash is another common side effect. A small number of patients have reported severe depression, strange thoughts, or angry behavior. There have been a few reports of suicide but SUSTIVA has not been established as the cause. SUSTIVA should not be taken with Hismanal<sup>®</sup> (astemizole), Propulsid<sup>®</sup> (cisapride), Versed<sup>®</sup> (midazolam), Halcion<sup>®</sup> (triazolam) or ergot derivatives. Tell your doctor about any medications or herbal products (particularly St. John's wort) that you are taking. Women should not become pregnant or breast-feed while taking SUSTIVA.

Please see important information about SUSTIVA on next page.





## PATIENT INFORMATION

**SUSTIVA®** (sus-TEE-vah)**[efavirenz (eh-FAH-vih-rehnz)]  
capsules and tablets****ALERT: Find out about medicines that should NOT be taken with SUSTIVA.**

Please also read the section "MEDICINES YOU SHOULD NOT TAKE WITH SUSTIVA."

Read this information before you start taking SUSTIVA. Read it again each time you refill your prescription, in case there is any new information. This leaflet provides a summary about SUSTIVA and does not include everything there is to know about your medicine. This information is not meant to take the place of talking with your doctor.

**What is SUSTIVA?**

SUSTIVA is a medicine used in combination with other medicines to help treat infection with Human Immunodeficiency Virus (HIV), the virus that causes AIDS (acquired immune deficiency syndrome). SUSTIVA is a type of anti-HIV drug called a "non-nucleoside reverse transcriptase inhibitor" (NNRTI).

SUSTIVA works by lowering the amount of HIV in the blood (viral load). SUSTIVA must be taken with other anti-HIV medicines. When taken with other anti-HIV medicines, SUSTIVA has been shown to reduce viral load and increase the number of CD4 cells, a type of immune cell in blood. SUSTIVA may not have these effects in every patient.

SUSTIVA does not cure HIV or AIDS. People taking SUSTIVA may still develop other infections and complications. Therefore, it is very important that you stay under the care of your doctor.

SUSTIVA has not been shown to reduce the risk of passing HIV to others. Therefore, continue to practice safe sex, and do not use or share dirty needles.

**What are the possible side effects of SUSTIVA?**

**Serious psychiatric problems.** A small number of patients experience severe depression, strange thoughts, or angry behavior while taking SUSTIVA. Some patients have thoughts of suicide and a few have actually committed suicide. These problems tend to occur more often in patients who have had mental illness. Contact your doctor right away if you think you are having these psychiatric symptoms, so your doctor can decide if you should continue to take SUSTIVA.

**Common side effects.** Many patients have dizziness, trouble sleeping, drowsiness, trouble concentrating, and/or unusual dreams during treatment with SUSTIVA. These side effects may be reduced if you take SUSTIVA at bedtime on an empty stomach. They also tend to go away after you have taken the medicine for a few weeks. If you have these common side effects, such as dizziness, it does not mean that you will also have serious psychiatric problems, such as severe depression, strange thoughts, or angry behavior. Tell your doctor right away if any of these side effects continue or if they bother you. It is possible that these symptoms may be more severe if SUSTIVA is used with alcohol or mood altering (street) drugs.

If you are dizzy, have trouble concentrating, or are drowsy, avoid activities that may be dangerous, such as driving or operating machinery.

Rash is common. Rashes usually go away without any change in treatment. In a small number of patients, rash may be serious. If you develop a rash, call your doctor right away. **Rash may be a serious problem in some children.** Tell your child's doctor right away if you notice rash or any other side effects while your child is taking SUSTIVA.

Other common side effects include tiredness, upset stomach, vomiting, and diarrhea.

**Changes in body fat.** Changes in body fat develop in some patients taking anti-HIV medicine. These changes may include an increased amount of fat in the upper back and neck ("buffalo hump"), in the breasts, and around the trunk. Loss of fat from the legs, arms, and face may also happen. The cause and long-term health effects of these fat changes are not known.

Tell your doctor or healthcare provider if you notice any side effects while taking SUSTIVA.

Contact your doctor before stopping SUSTIVA because of side effects or for any other reason.

This is not a complete list of side effects possible with SUSTIVA. Ask your doctor or pharmacist for a more complete list of side effects of SUSTIVA and all the medicines you will take.

**How should I take SUSTIVA (efavirenz)?****General Information**

- You should take SUSTIVA on an empty stomach, preferably at bedtime.
- Swallow SUSTIVA with water.
- Taking SUSTIVA with food increases the amount of medicine in your body, which may increase the frequency of side effects.
- Taking SUSTIVA at bedtime may make some side effects less bothersome.
- SUSTIVA must be taken in combination with other anti-HIV medicines. If you take only SUSTIVA, the medicine may stop working.
- Do not miss a dose of SUSTIVA. If you forget to take SUSTIVA, take the missed dose right away, unless it is almost time for your next dose. Do not double the next dose. Carry on with your regular dosing schedule. If you need help in planning the best times to take your medicine, ask your doctor or pharmacist.
- Take the exact amount of SUSTIVA your doctor prescribes. Never change the dose on your own. Do not stop this medicine unless your doctor tells you to stop.
- If you believe you took more than the prescribed amount of SUSTIVA, contact your local Poison Control Center or emergency room right away.
- Tell your doctor if you start any new medicine or change how you take old ones. Your doses may need adjustment.
- When your SUSTIVA supply starts to run low, get more from your doctor or pharmacy. This is very important because the amount of virus in your blood may increase if the medicine is stopped for even a short time. The virus may develop resistance to SUSTIVA and become harder to treat.
- Your doctor may want to do blood tests to check for certain side effects while you take SUSTIVA.

**Capsules**

The dose of SUSTIVA capsules for adults is 600 mg (three 200 mg capsules, taken together) once a day by mouth. The dose of SUSTIVA for children may be lower (see **Can children take SUSTIVA?**).

**Tablets**

The dose of SUSTIVA tablets for adults is 600 mg (one tablet) once a day by mouth.

**Can children take SUSTIVA?**

Yes, children who are able to swallow capsules can take SUSTIVA. Rash may be a serious problem in some children. Tell your child's doctor right away if you notice rash or any other side effects while your child is taking SUSTIVA. The dose of SUSTIVA for children may be lower than the dose for adults. Capsules containing lower doses of SUSTIVA are available. Your child's doctor will determine the right dose based on your child's weight.

**Who should not take SUSTIVA?**

**Do not take SUSTIVA if you are allergic** to the active ingredient, efavirenz, or to any of the inactive ingredients. Your doctor and pharmacist have a list of the inactive ingredients.

**What should I avoid while taking SUSTIVA?**

- **Women taking SUSTIVA should not become pregnant.** Serious birth defects have been seen in animals treated with SUSTIVA. It is not known whether this could happen in humans. **Tell your doctor right away if you are pregnant.** Also talk with your doctor if you want to become pregnant.
- Women should not rely only on hormone-based birth control, such as pills, injections, or implants, because SUSTIVA may make these contraceptives ineffective. Women must use a reliable form of barrier contraception, such as a condom or diaphragm, even if they also use other methods of birth control.
- **Do not breast-feed if you are taking SUSTIVA.** The Centers for Disease Control and Prevention recommend that mothers with HIV not breast-feed because they can pass the HIV through their milk to the baby. Also, SUSTIVA may pass through breast milk and cause serious harm to the baby. Talk with your doctor if you are breast-feeding. You may need to stop breast-feeding or use a different medicine.
- Taking SUSTIVA with alcohol or other medicines causing similar side effects as SUSTIVA, such as drowsiness, may increase those side effects.
- Do not take any other medicines without checking with your doctor. These medicines include prescription and non-prescription medicines and herbal products, especially St. John's wort.

**Before using SUSTIVA, tell your doctor if you**

- **have problems with your liver, or have hepatitis.** Your doctor may want to do tests to check your liver while you take SUSTIVA.
- **have ever had mental illness or are using drugs or alcohol.**

**What important information should I know about taking other medicines with SUSTIVA (efavirenz)?**

**SUSTIVA may change the effect of other medicines, including ones for HIV, and cause serious side effects.** Your doctor may change your other medicines or change their doses. Other medicines, including herbal products, may affect SUSTIVA. For this reason, **it is very important to:**

- Let all your doctors and pharmacists know that you take SUSTIVA.
- Tell your doctors and pharmacists about all medicines you take. This includes those you buy over-the-counter and herbal or natural remedies.

Bring all your prescription and non-prescription medicines as well as any herbal remedies that you are taking when you see a doctor, or make a list of their names, how much you take, and how often you take them. This will give your doctor a complete picture of the medicines you use. Then he or she can decide the best approach for your situation.

Taking SUSTIVA with St. John's wort (*hypericum perforatum*), an herbal product sold as a dietary supplement, or products containing St. John's wort is not recommended. Talk with your doctor if you are taking or are planning to take St. John's wort. Taking St. John's wort may decrease SUSTIVA levels and lead to increased viral load and possible resistance to SUSTIVA or cross-resistance to other anti-HIV drugs.

**MEDICINES YOU SHOULD NOT TAKE WITH SUSTIVA**

The following medicines may cause serious and life-threatening side effects when taken with SUSTIVA. You should not take any of these medicines while taking SUSTIVA\*\*:

- Hismanal® (astemizole)
- Propulsid® (cisapride)
- Versed® (midazolam)
- Halcion® (triazolam)
- Ergot medications (for example, Wigraine® and Cafergot®)

The following medicines may need to be replaced with another medicine when taken with SUSTIVA\*\*:

- Fortovase®, Invirase® (saquinavir)
- Biaxin® (clarithromycin)

The following medicines may need to have their dose changed when taken with SUSTIVA\*\*:

- Crixivan® (indinavir)
- Mycobutin® (rifabutin)
- Methadone

**These are not all the medicines that may cause problems if you take SUSTIVA. Be sure to tell your doctor about all medicines that you take.**

**General advice about SUSTIVA:**

**Medicines are sometimes prescribed for conditions that are not mentioned in patient information leaflets. Do not use SUSTIVA for a condition for which it was not prescribed. Do not give SUSTIVA to other people, even if they have the same symptoms you have. It may harm them.**

Keep SUSTIVA at room temperature (77°F) in the bottle given to you by your pharmacist. The temperature can range from 59° to 86°F.

Keep SUSTIVA out of the reach of children.

This leaflet summarizes the most important information about SUSTIVA. If you would like more information, talk with your doctor. You can ask your pharmacist or doctor for the full prescribing information about SUSTIVA, or you can visit the SUSTIVA website at <http://www.sustiva.com> or call 1-800-426-7644.

\* SUSTIVA® is a registered trademark of Bristol-Myers Squibb Pharma Company.

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T4-B001B-11-02

6495-07  
Revised April 2002





## For She Was Nina...

by james knox

**Y**ou were the "High Priestess of Soul" for who else could invoke such fire, spirit, and passion into "I Put A Spell On You," "Sinerman," "See Line Woman," and "Don't Let Me Be Misunderstood." You brought such warmth and love into "I Love You Porgy," "My Baby Just Cares For Me," and "The Other Woman." You wrote Mississippi Goddam to express your anger over the killing of Medgar Evers and the bombing of the four little girls in a Birmingham church. This was a powerful testament to the times and even more poignant coming from a black woman. You told us the story of "Four Women" so vividly that we knew each woman personally. You let us know that we were "Young, Gifted and Black." You even sang for a King

You sang with a vibrant voice and traveled the world to convey your messages of love, peace, and power. From your piano, you gave us concertos mixed with African rhythms, Sunday morning gospel, down home blues, deep country folk, straight ahead jazz, and a whole lot of love. You were a musical genius from an early age and it was reflected in everything you touched. You showed the world that a little black girl from Tryon, North Carolina could be anything she wanted to be. You overcame the obstacles and rose to greatness. You were a warrior and activist, but you will be most remembered for being a strong woman who loved us and wanted only the best for all of us. You were fierce and fearless and we honor your wonderful legacy of music.

Ache!



## FOUR WOMEN

BY NINA SIMONE

My skin is black  
My arms are long  
My hair is wooly  
My back is strong  
Strong enough to take the pain  
It's been inflicted again and again  
What do they call me  
My name is AUNT SARAH  
My name is Aunt Sarah

My skin is yellow  
My hair is long  
Between two worlds  
I do belong  
My father was rich and white  
He forced my mother late one night  
What do they call me  
My name is SIFFRONIA  
My name is Siffronia

My skin is tan  
My hair's alright, it's fine  
My hips invite you  
And my lips are like wine  
Whose little girl am I?  
Well yours if you have some money to buy  
What do they call me  
My name is SWEET THING  
My name is Sweet Thing

My skin is brown  
And my manner is tough  
I'll kill the first mother I see  
Cos my life has been too rough  
I'm awfully bitter these days  
because my parents were slaves  
What do they call me  
My  
name  
is  
PEACHES

Written by Nina Simone  
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## JULY 2-6, 2003

**Wednesday,  
July 2, Noon to 5 p.m.**  
**To be Empowered**

"Empowerment" is the theme for the Third Annual Dialogue Conference Series. We will discuss and strategize on ideas to strengthen ourselves, community and the world in an open and safe space. It's paradise!

**Wednesday, July 2, 6:30 p.m. to 9:30 p.m.**  
**Speaking in Paradise**

We will have poetry from renowned poets and a chance for upcoming poets to speak.

**Thursday, July 3, Noon to 5 p.m.**  
**Empowered II**

Words are mere words without action! Let's return to our communities with a renewed sense of pride to make a positive difference by implementing the ideas, strategies and goals we have developed.

**Thursday, July 3, 6 p.m. to 10 p.m.**  
**Evening in Paradise**

The Opening Reception and Dinner Banquet will reflect 15 years in the making of At The Beach Shorey Inc. L.A. Black Pride with a feast fit for Kings and Queens.

**Friday, July 4, 1 p.m. to 8 p.m.**  
**Pool Party in Paradise**

Come on in. The water is fine. Music, food, dancing, games and just getting wet. Celebrate America's independence, ATB style!

**Saturday, July 5, 7 a.m. to dusk**  
**Barefoot in Paradise**

Escape to the renowned Malibu Beach Party where you will meet, greet and play with same gender loving people! Games, contests, feasting and shopping for that special treasure in paradise. A day of fun!

**Saturday, July 5, 10 p.m. to 3 a.m.**  
**Escape to Paradise**

The At The Beach Official After Party will be held at The House of Blues with live entertainment, dancing, drink specials and 5,000 of the hottest bodies you have ever laid eyes on from all over the world! If you miss the Beach Party, don't dare miss the After Party!

**Sunday, July 6, 11 a.m. to 7 p.m.**  
**Peace in Paradise**

Let's start the day with prayer and continue the festivities with the Literary Cafe book signing where you can meet the most talented authors in the community!

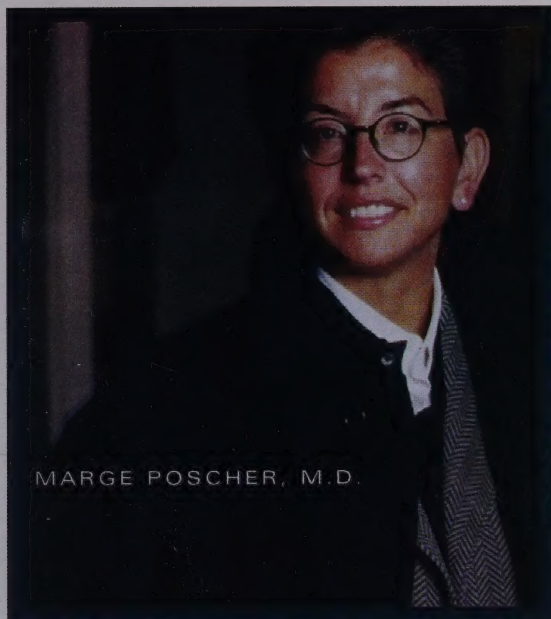


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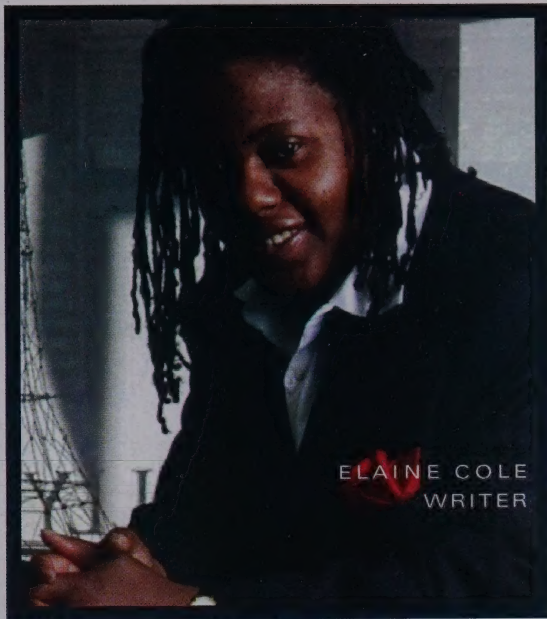
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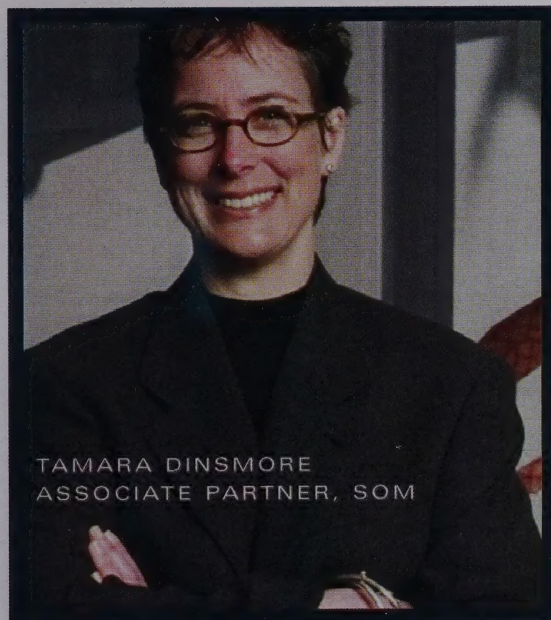




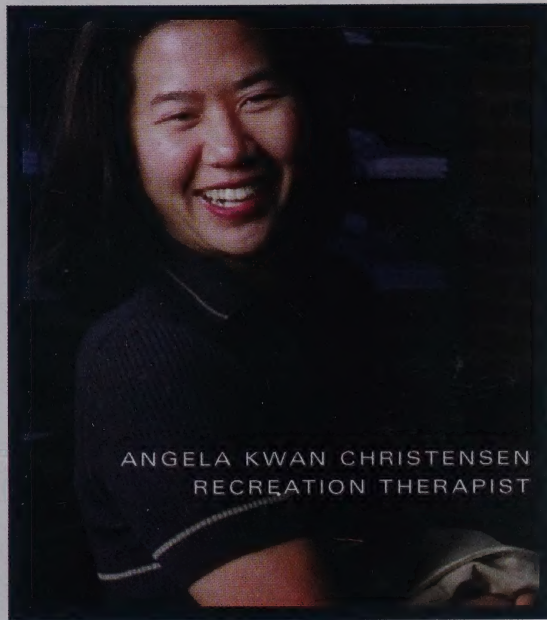
MARGE POSCHER, M.D.



ELAINE COLE  
WRITER



TAMARA DINSMORE  
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# roots of rape

## in south africa by nomvuyo

Written by Kisha "Nomvuyo" Montgomery

**B**efore the rape of Baby Tshepang, I lived, ate and partied with people in townships among rows and rows of corrugated iron covered wood shacks that pretended to be adequate housing for most of the blacks who make up 77% of 41.2 million people of South Africa. Yet it was in the townships that I had witnessed community in its purest form- as people relied on their greatest resource and asset-each other. It occurred to me that the violation of Baby Tshepang was also a violation of a thick and old bond of communal trust in township life between adults and children.

In my host family's living room in Johannesburg, we watched the six men being hauled away to jail. My host father turned to me and said, "If those men were released in the community, they would be killed." There are ethical lines recognized by Africans in South Africa despite a legacy of the most unethical treatment.

I began to wonder, what were the roots of rape in South Africa? I began to participate in informational interviews with local people on the ground. I spoke with Busi, who was born and raised in a black township near Johannesburg and had survived the murder of so many of her friends during the Apartheid years.

She said "Many of the men sacrificed their education and left the country during the Apartheid years, to galvanize support only to come back post elections and find that they are not wanted." She said, "To expect them after many years of anger and rage to be model husbands, brothers and sons was unrealistic."

She continued, "You had a situation where a whole system was literally changed over night and all that rage and anger and years of struggle were supposed to be over, but there was nothing in place to help people make the shift psychologically." In short, there was inter-generational post-traumatic stress disorder experienced by a large number of people with little or no assistance available to them.

My path crossed with Lisa, who had represented-on a pro bono basis- black child rape survivors for the past three and half years. She talked about the lack of enforcement of the law by white judges and prosecutors in the criminal justice system. She said, "For so long, there was no criminal system for blacks." She said, "You could kill a black person and there were no repercussions."

The high court would not hear rape cases any longer because there are simply too many. In South Africa, 15% of rapes take place against children 11 years and under, but there is only a 9 % conviction rate.



I lived in South Africa for a total of three months as part of a six month solo and self-funded volunteer tour of advocacy related non-government organizations (NGO's) from October 2001 to March 2002. While I was in Johannesburg in November, the rape of 9 month old Baby Tshepang took place in a township north of Capetown. Out of six men arrested for her assault, only 23 year old David Potse was arrested charged and in August 2002 given life in prison.

I asked her what she thought was behind these terrible rapes, she said, "I know that Apartheid has destroyed the moral fiber of this community." She talked about the diminishing if not total loss of hope for change as life has stayed the same or stagnant for the black South African since the ANC has gotten in to power. A combination of 50% unemployment rate, alcoholism and unresolved anger and rage lead her to ask, "Who is it easier to take out on, but women and children?"

I think the better question is who is easier to access and exert the little control you do have when you feel powerless over a larger system? Women and children were getting the brunt of internalized oppression, culturally based gender roles and improperly channeled frustration from being humiliated, emasculated and degraded on a daily basis.

I attended an HIV/AIDS conference in Johannesburg and we questioned, "Where were the men in the struggle against HIV/AIDS?" It is estimated that within 3 years almost 250,000 South Africans will die of AIDS each year. This figure will rise to more than 500,000 by 2008, decreasing the average life expectancy from 60 years to around 40 years between 1998 and 2008. I learned that a men's march on violence against women and children had taken place in Capetown in October 2001.

The few men of color in the room pointed out that since the beginning, the focus on HIV/AIDS prevention and outreach had been on women, leaving a huge gap in services, forums, education and outreach to African men on HIV/AIDS. Such gaps have lead to the continual perpetration of the misconception that sex with a virgin cures HIV/AIDS or that HIV/AIDS is an fallacy promoted in Africa by "developed" countries in order to control African sexuality.

I came to learn that the large NGO sector was constrained by staff and financial shortages and agendas by foundations. An African man leaned against me and pointed to the crowd and said, "This is part of the problem as well." My eyes scanned the mostly and typically white and white female Directors of hundreds of HIV/AIDS focused NGO's representing several African countries in the room. One had to wonder how much of a priority the empowerment of the African man on the issue of HIV/AIDS was for them.

My satisfaction with my intellectual understanding of root causes of rape in South Africa did not make my grief any less when, on my last night in Africa, I was raped by a man I trusted in Alexandra Township near Johannesburg.

I did not find comfort in my intellectual understanding that the return of the government to the black majority would not heal the legacy of Apartheid and its effects on the people. It occurred

to me that David Potse would emerge from the cage built by the legacy of Apartheid to a prison cell and the memory of perpetrating his oppression on to Baby Tshepang if his life is not cut short by HIV/AIDS.

At the same time, Baby Tshepang would be imprisoned by the physical and emotional memory of the violation for the rest of her life. The cruel irony of rape is that the parties to it, get caged by it, such that neither side departs from that experience unharmed, regardless of denial.

Apartheid is as real today as his arms were that pinned me down. I became a microcosm of the problem of rape of women in South Africa and globally, just as David Potse is a microcosm of the larger violation of the people of South Africa experience at the hand of Apartheid and its legacy. Yes, both David Potse and the larger system that created him need to be held accountable. In 2001, 21,000 rapes were reported and one can only guess how many, like mine, went unreported.

Baby Tshepang's name is Zulu for "have hope." We must have hope for the healing of women and children violated globally through violence and their violated perpetrators, the people of South Africa and for Baby Tshepang. If the roots of rape in South Africa are pain and oppression, then the antidote is social and true economic liberation and emotional healing for the black South African. The healing has just begun.





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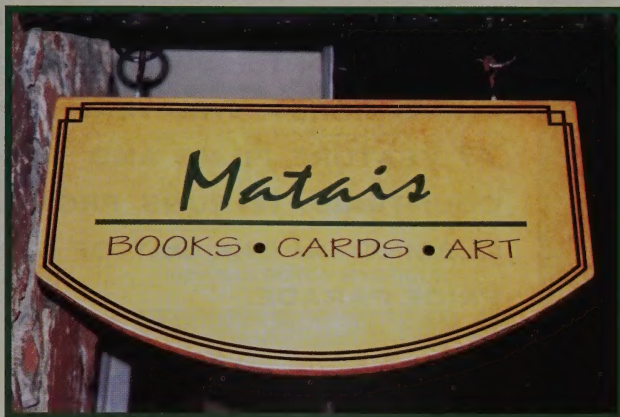
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FILMS BY AND/OR FEATURING  
FOLKS OF AFRICAN DESCENT  
AT THE 27TH SAN FRANCISCO  
INTERNATIONAL LESBIAN &  
GAY FILM FESTIVAL

BY AKILAH MONIEA

THE SAN FRANCISCO INTERNATIONAL LESBIAN & GAY FILM FESTIVAL IS THE WORLD'S OLDEST AND LARGEST. THIS YEAR THEY ARE SCREENING 77 FEATURE FILMS AND 194 SHORTS FROM 32 COUNTRIES. IT RUNS FROM JUNE 12 – 29TH, CLOSING ON THE DAY OF THE SAN FRANCISCO PRIDE PARADE.

THE FESTIVAL SHOWCASES A NUMBER OF FILMS BY AND/OR FEATURING PEOPLE OF AFRICAN DESCENT, 7 FEATURES AND 3 SHORTS.

## THE FEATURES

### ROBIN'S HOOD

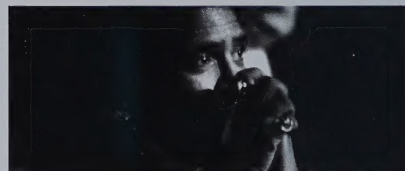


Starring Khathee V. Turner and Clody Cates, directed by Sara Millman

In a lesbian interracial remake of the classic tale, featuring a Black lesbian lead character, who lives in Oakland, not Sherwood Forest. Robin is a social worker who in classic "Robin Hood" fashion, takes from the privileged and gives to the undeserved. And since she is in modern day, rather than riding a horse, she drives a sporty Honda CBR 900. Robin's love interest is a French butch-dyke thief, Brooklyn.

This feature follows the travails of Robin and Brooklyn, as they love, and in classic Robin Hood style, steal from the rich and give to the poor.

### THE EDGE OF EACH OTHER'S BATTLES: THE VISION OF AUDRE LORDE AND THE EDGE OF EACH OTHER'S BATTLES



These two films chronicle Audre Lorde as an artist through her poems and essays. Wonderful films for those familiar with the late Lorde's body of work as well as those folks who are less familiar with her work. THE EDGE OF EACH OTHER'S BATTLES examines the conference in 1992, which celebrated Lorde's work. The conference was historic in that a commitment was made and kept that the attendees be at least 50 percent people of color and 50 percent poor and working class people. Recognizing that race and class are integral and both matter.



## LAUGHING MATTERS

Directed by Andrea Meyerson and Nancy Rosenblum.

A documentary which showcases four unique veteran performers, each from different ethnic and economic backgrounds. Their commonalities are two-fold: stand-up comedienne and out lesbian. We see performances as well as behind the scenes. Karen Williams is the African American profiled. Also profiled are Kate Clinton, Marga Gomez, and Suzanne Westenhoefer. The other "Queens of Comedy."

## OF MEN AND GODS

By Anne Lescot and Laurence Magloire

This documentary takes place in Haiti, examining the lives of men who do not identify as gay, but rather as "children of Erzuli" a female voodoo spirit.

## RISE ABOVE: THE TRIBE 8 DOCUMENTARY

By Tracy Flannigan

Tribe 8 is the first ever dyke-identified hard-core punk-rock band. The documentary follows the girls at home, on the road, at home, and on stage, highlighting the 1994 Michigan Womyn's Music Festival.

## BROTHER OUTSIDER: THE LIFE OF BAYARD RUSTIN

A documentary about Bayard Rustin who was out during the 1940s. Rustin is well known as the architect of many civil rights actions including the 1963 March on Washington. Despite his openness, he chose to remain in the background in the civil rights movement because of the presumed liability his gayness brought with it.

## SECONDARY HIGH

SECONDARY HIGH takes place in high

school and references both old and new teen movies. This film comes with a caution: Adhering to the principles of the "ridiculous cinema manifesto," SECONDARY HIGH is sure to touch and thrill you, but it won't make you want to go back to high school.

## THE SHORTS:

**"LADIES GET DOWN LIKE THAT"  
INCLUDES BUTCH MYSTIQUE.**



BUTCH MYSTIQUE is about butch and masculine identity in the African American lesbian community. These sistahs are examined from various backgrounds, mothers, activists, and artists.

## "HOMO HOP"

A presentation of Queer Youth TV

As you might imagine, "Homo Hop" is a short, which takes place in the hip-hop world. It includes LIFE ON CHRISTOPHER ST. which examines young Black and Latino hip-hop homos. Oakland's Peace Out: The 2nd Annual World Homo Hip-Hop Festival is also featured as well as the Deep Dickollective.

## "DO YOUR THANG"

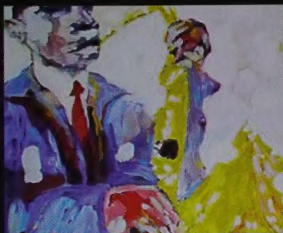
Shorts for, by, and about queer women of color. Shari Frilot's STRANGE & CHARMED features sistahs of African descent in three parts.

And of course, there are hundreds more features and shorts in this festival. The 2003 San Francisco International Lesbian & Gay Film Festival runs June 12 - 29th at the Castro and Herbst Theatres in San Francisco. For more information visit [www.frameline.org/festival](http://www.frameline.org/festival).





## ART



## APPAREL

# "CLASSIC CITY STYLE"

DSM is not just a store but is also a boutique experience with the ambiance of a comfortable hangout. Black leather armchairs flank a Chinese chessboard near the window – three or four people a day come in to play chess with Titus. A fabulous hand-painted chess set from South Africa is prominently displayed. Paintings of jazzmen line the walls. Music plays and the CDs are for sale.

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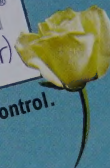


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kaletra®  
(lopinavir/ritonavir)

Still undetectable. Still in control.



# Still undetectable

The virus is under control. My HIV therapy is still working.  
And KALETRA is helping to make a difference.

Your results may vary.

**KALETRA is indicated for the treatment of HIV infection in combination with other antiretroviral agents.**

#### Safety Information

KALETRA should not be taken with Halcion®, Hismanal®, Orap®, Propulsid®, Rythmol®, Seldane®, Tambocor™, Versed®, Rimactane®, Rifadin®, Rifater®, Rifamate®, Mevacor®, Zocor®, ergot derivatives or products containing St. John's wort (*Hypericum perforatum*). Discuss all medicines, including those without a prescription, and herbal preparations you are taking or plan to take with your doctor or pharmacist.

KALETRA should not be taken if you have had an allergic reaction to KALETRA or any of its ingredients.

Pancreatitis and liver problems, which can be fatal, have been reported. Tell your doctor if you have or have had liver disease such as hepatitis. In patients taking protease inhibitors, increased bleeding (in patients with hemophilia) and diabetes/high blood sugar have occurred. Changes in body fat have been seen in some patients receiving antiretroviral therapy. Some patients receiving KALETRA have had large increases in triglycerides and cholesterol.

In clinical trials, the most commonly reported side effects of moderate or severe intensity were: abdominal pain, abnormal bowel movements, diarrhea, feeling weak or tired, headache, and nausea. This is not a complete list of reported side effects.

KALETRA oral solution contains alcohol.

**KALETRA does not cure HIV infection or AIDS and does not reduce the risk of passing of HIV to others.**

Please see adjacent page for Patient Information.

\*Based on IMS HEALTH National Prescription Audit Plus for Protease Inhibitor Class, July 2002-January 2003

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March 2003

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## KALETRA®

(lopinavir/ritonavir) capsules  
(lopinavir/ritonavir) oral solution

**ALERT: Find out about medicines that should NOT be taken with KALETRA.** Please also read the section

"MEDICINES YOU SHOULD NOT TAKE WITH KALETRA."

### Patient Information

## KALETRA®

(kuh-LEE-tra)

Generic Name: lopinavir/ritonavir  
(lop-IN-uh-veer/rit-ON-uh-veer)

Read this leaflet carefully before you start taking KALETRA. Also, read it each time you get your KALETRA prescription refilled, in case something has changed. This information does not take the place of talking with your doctor when you start this medicine and at check ups. Ask your doctor if you have any questions about KALETRA.

#### What is KALETRA and how does it work?

KALETRA is a combination of two medicines. They are lopinavir and ritonavir. KALETRA is a type of medicine called an HIV (human immunodeficiency virus) protease (PRO-tee-ase) inhibitor. KALETRA is always used in combination with other anti-HIV medicines to treat people with human immunodeficiency virus (HIV) infection. KALETRA is for adults and for children age 6 months and older.

HIV infection destroys CD4 (T) cells, which are important to the immune system. After a large number of T cells are destroyed, acquired immune deficiency syndrome (AIDS) develops.

KALETRA blocks HIV protease, a chemical which is needed for HIV to multiply. KALETRA reduces the amount of HIV in your blood and increases the number of T cells. Reducing the amount of HIV in the blood reduces the chance of death or infections that happen when your immune system is weak (opportunistic infections).

#### Does KALETRA cure HIV or AIDS?

KALETRA does not cure HIV infection or AIDS. The long-term effects of KALETRA are not known at this time. People taking KALETRA may still get opportunistic infections or other conditions that happen with HIV infection. Some of these conditions are pneumonia, herpes virus infections, and *Mycobacterium avium* complex (MAC) infections.

#### Does KALETRA reduce the risk of passing HIV to others?

KALETRA does not reduce the risk of passing HIV to others through sexual contact or blood contamination. Continue to practice safe sex and do not use or share dirty needles.

#### How should I take KALETRA?

- You should stay under a doctor's care when taking KALETRA. Do not change your treatment or stop treatment without first talking with your doctor.
- You must take KALETRA every day exactly as your doctor prescribed it. The dose of KALETRA may be different for you than for other patients. Follow the directions from your doctor, exactly as written on the label.
- Dosing in adults (including children 12 years of age and older): The usual dose for adults is 3 capsules (400/100 mg) or 5.0 mL of the oral solution twice a day (morning and night), in combination with other anti-HIV medicines.
- Dosing in children from 6 months to 12 years of age: Children from 6 months to 12 years of age can also take KALETRA. The child's doctor will decide the right dose based on the child's weight.
- Take KALETRA with food to help it work better.
- Do not change your dose or stop taking KALETRA without first talking with your doctor.
- When your KALETRA supply starts to run low, get more from your doctor or pharmacy. This is very important because the amount of virus in your blood may increase if the medicine is stopped for even a short time. The virus may develop resistance to KALETRA and become harder to treat.
- Be sure to set up a schedule and follow it carefully.
- Only take medicine that has been prescribed specifically for you. Do not give KALETRA to others or take medicine prescribed for someone else.

#### What should I do if I miss a dose of KALETRA?

It is important that you do not miss any doses. If you miss a dose of KALETRA, take it as soon as possible and then take your next scheduled dose at its regular time. If it is almost time for your next dose, do not take the missed dose. Wait and take the next dose at the regular time. Do not double the next dose.

#### What happens if I take too much KALETRA?

If you suspect that you took more than the prescribed dose of this medicine, contact your local poison control center or emergency room immediately.

As with all prescription medicines, KALETRA should be kept out of the reach of young children. KALETRA liquid contains a large amount of alcohol. If a toddler or young child accidentally drinks more than the recommended dose of KALETRA, it could make him/her sick from too much alcohol. Contact your local poison control center or emergency room immediately if this happens.

#### Who should not take KALETRA?

Together with your doctor, you need to decide whether KALETRA is right for you.

- Do not take KALETRA if you are taking certain medicines. These could cause serious side effects that could cause death. Before you take KALETRA, you must tell your doctor about all the medicines you are taking or are planning to take. These include other prescription and non-prescription medicines and herbal supplements.

For more information about medicines you should not take with KALETRA, please read the section titled "MEDICINES YOU SHOULD NOT TAKE WITH KALETRA."

- Do not take KALETRA if you have an allergy to KALETRA or any of its ingredients, including ritonavir or lopinavir.

#### Can I take KALETRA with other medications?\*

KALETRA may interact with other medicines, including those you take without a prescription. You must tell your doctor about all the medicines you are taking or planning to take before you take KALETRA.

#### MEDICINES YOU SHOULD NOT TAKE WITH KALETRA:

- Do not take the following medicines with KALETRA because they can cause serious problems or death if taken with KALETRA.
  - Dihydroergotamine, ergonovine, ergotamine and methylexgonovine such as Cafergot®, Migranal®, D.H.E. 45®, Ergorate Maleate, Methergine, and others
  - Halcion® (triazolan)
  - Hismanal® (astemizole)
  - Orap® (pimozide)
  - Propulsid® (cisapride)
  - Rhythmol® (propafenone)
  - Seldane® (terfenadine)
  - Tambocor™ (flecainide)
  - Versed® (midazolam)
- Do not take KALETRA with rifampin, also known as Rimactane®, Rifadin®, Rifater®, or Rifamate®. Rifampin may lower the amount of KALETRA in your blood and make it less effective.
- Do not take KALETRA with St. John's wort (hypericum perforatum), an herbal product sold as a dietary supplement, or products containing St. John's wort. Talk with your doctor if you are taking or planning to take St. John's wort. Taking St. John's wort may decrease KALETRA levels and lead to increased viral load and possible resistance to KALETRA or cross-resistance to other anti-HIV medicines.
- Do not take KALETRA with the cholesterol-lowering medicines Mevacor® (lovastatin) or Zocor® (simvastatin) because of possible serious reactions. There is also an increased risk of drug interactions between KALETRA and Lipitor® (atorvastatin); talk to your doctor before you take any of these cholesterol-reducing medicines with KALETRA.

#### Medicines that require dosage adjustments:

It is possible that your doctor may need to increase or decrease the dose of other medicines when you are also taking KALETRA. Remember to tell your doctor all medicines you are taking or plan to take.

**Before you take Viagra® (sildenafil) with KALETRA, talk to your doctor about problems these two medicines can cause when taken together. You may get increased side effects of VIAGRA, such as low blood pressure, vision changes, and penis erection lasting more than 4 hours. If an erection lasts longer than 4 hours, get medical help right away to avoid permanent damage to your penis. Your doctor can explain these symptoms to you.**

- If you are taking oral contraceptives ("the pill") to prevent pregnancy, you should use an additional or different type of contraception since KALETRA may reduce the effectiveness of oral contraceptives.
- Efavirenz (Sustiva™) or nevirapine (Viramune®) may lower the amount of KALETRA in your blood. Your doctor may increase your dose of KALETRA if you are also taking efavirenz or nevirapine.
- If you are taking Mycobutin® (rifabutin), your doctor will lower the dose of Mycobutin.

- A change in therapy should be considered if you are taking KALETRA with:

Phenobarbital  
Phenytoin (Dilantin® and others)  
Carbamazepine (Tegretol® and others)

These medicines may lower the amount of KALETRA in your blood and make it less effective.

#### • Other Special Considerations:

KALETRA oral solution contains alcohol. Talk with your doctor if you are taking or planning to take metronidazole or disulfiram. Severe nausea and vomiting can occur.

- If you are taking both didanosine (Videx®) and KALETRA: Didanosine (Videx®) should be taken one hour before or two hours after KALETRA.

#### What are the possible side effects of KALETRA?

- This list of side effects is not complete. If you have questions about side effects, ask your doctor, nurse, or pharmacist. You should report any new or continuing symptoms to your doctor right away. Your doctor may be able to help you manage these side effects.

- The most commonly reported side effects of moderate severity that are thought to be drug related are: abdominal pain, abnormal stools (bowel movements), diarrhea, feeling weak/tired, headache, and nausea. Children taking KALETRA may sometimes get a skin rash.
- Blood tests in patients taking KALETRA may show possible liver problems. People with liver disease such as Hepatitis B and Hepatitis C who take KALETRA may have worsening liver disease. Liver problems including death have occurred in patients taking KALETRA. In studies, it is unclear if KALETRA caused these liver problems because some patients had other illnesses or were taking other medicines.
- Some patients taking KALETRA can develop serious problems with their pancreas (pancreatitis), which may cause death. You have a higher chance of having pancreatitis if you have had it before. Tell your doctor if you have nausea, vomiting, or abdominal pain. These may be signs of pancreatitis.
- Some patients have large increases in triglycerides and cholesterol. The long-term chance of getting complications such as heart attacks or stroke due to increases in triglycerides and cholesterol caused by protease inhibitors is not known at this time.
- Diabetes and high blood sugar (hyperglycemia) occur in patients taking protease inhibitors such as KALETRA. Some patients had diabetes before starting protease inhibitors, others did not. Some patients need changes in their diabetes medicine. Others needed new diabetes medicine.
- Changes in body fat have been seen in some patients taking antiretroviral therapy. These changes may include increased amount of fat in the upper back and neck ("buffalo hump"), breast, and around the trunk. Loss of fat from the legs, arms and face may also happen. The cause and long term health effects of these conditions are not known at this time.
- Some patients with hemophilia have increased bleeding with protease inhibitors.
- There have been other side effects in patients taking KALETRA. However, these side effects may have been due to other medicines that patients were taking or to the illness itself. Some of these side effects can be serious.

#### What should I tell my doctor before taking KALETRA?

- If you are pregnant or planning to become pregnant: The effects of KALETRA on pregnant women or their unborn babies are not known.
- If you are breast-feeding: Do not breast-feed if you are taking KALETRA. You should not breast-feed if you have HIV. If you are a woman who has or will have a baby, talk with your doctor about the best way to feed your baby. You should be aware that if your baby does not already have HIV, there is a chance that HIV can be transmitted through breast-feeding.
- If you have liver problems: If you have liver problems or are infected with Hepatitis B or Hepatitis C, you should tell your doctor before taking KALETRA.
- If you have diabetes: Some people taking protease inhibitors develop new or more serious diabetes or high blood sugar. Tell your doctor if you have diabetes or an increase in thirst or frequent urination.
- If you have hemophilia: Patients taking KALETRA may have increased bleeding.

#### How do I store KALETRA?

- Keep KALETRA and all other medicines out of the reach of children.
- Refrigerated KALETRA capsules and oral solution remain stable until the expiration date printed on the label. If stored at room temperature up to 77°F (25°C), KALETRA capsules and oral solution should be used within 2 months.
- Avoid exposure to excessive heat.

Do not keep medicine that is out of date or that you no longer need. Be sure that if you throw any medicine away, it is out of the reach of children.

#### General advice about prescription medicines:

Talk to your doctor or other health care provider if you have any questions about this medicine or your condition. Medicines are sometimes prescribed for purposes other than those listed in a Patient Information Leaflet. If you have any concerns about this medicine, ask your doctor. Your doctor or pharmacist can give you information about this medicine that was written for health care professionals. Do not use this medicine for a condition for which it was not prescribed. Do not share this medicine with other people.

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Ref.: 03-5239-R8

03A-036-6510-1 MASTER

Revised: January, 2003

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# Chameleon Aisha Cain

Photography by Jeff Novak

Styled by Dana Marasca/Celestine

Model Aisha Cain

Hair/Makeup Lizrizo.com















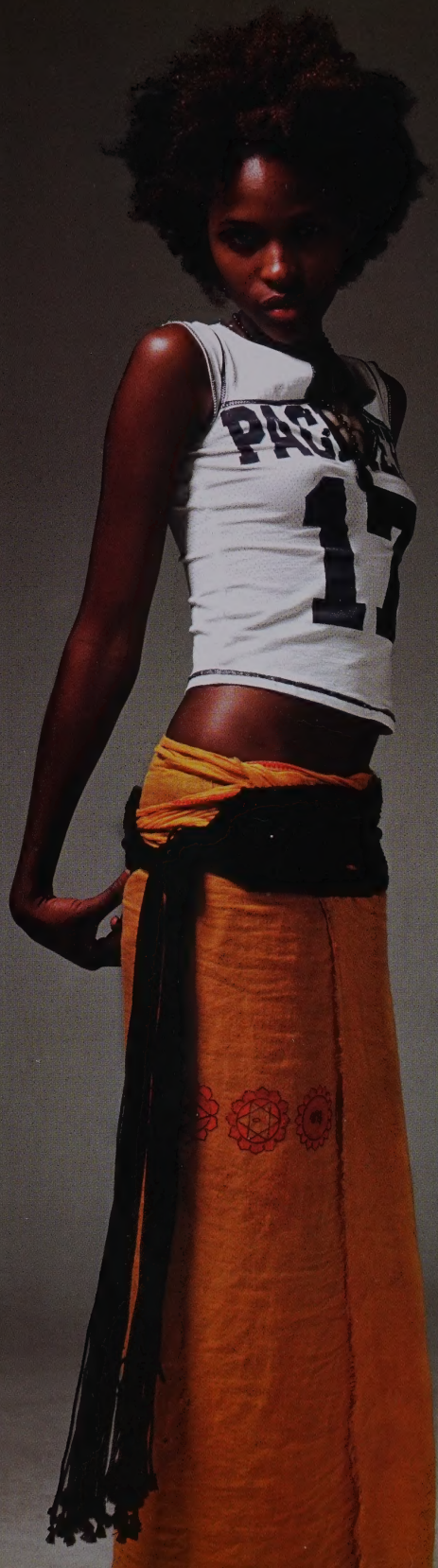














# Deconstructing Banjee Realness

(a comment of gay black  
identity and masculinity)

by Tim'm T. West

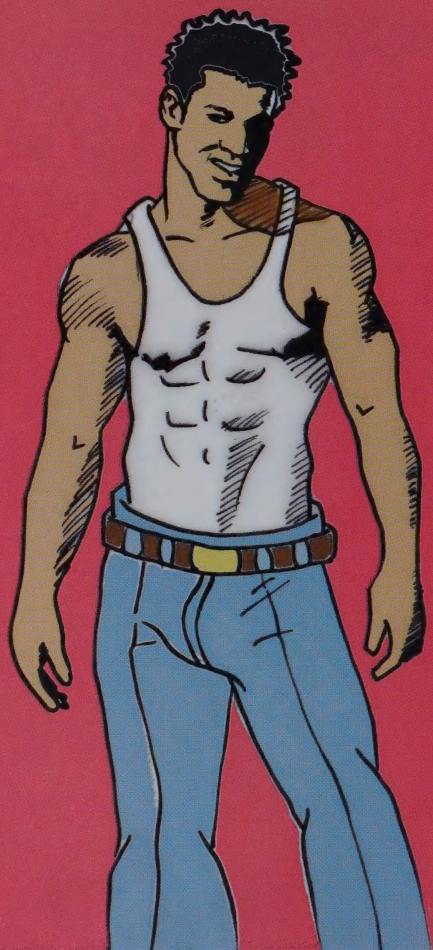


illustration by Clabourn Hamilton



Banjee. That was the identity I was given back in the summer of 1991, when I, half out/half in, approached the colored museum of the Christopher Street piers. I was new to the life, so I had no reference for what people were talking about, but I soon gathered that "banjee" meant that I wasn't a "queen." Whatever the terms of identification, all I knew was that there was one thing that brought both the banjees and the queens (and whatever lies between) to the pier: we were men who loved men. An anxious 19 year old, I wore my banjee realness designation like a badge of honor. True I could go from Christopher Street to the corner b-boy/emcee ciphers at Rochdale Village (Queens) with relative ease. It wasn't exactly comfortable having my boyz talk about "fags" as if I was not there. Nor was it exactly comfortable disclosing my attraction to men in such a setting. It wasn't exactly comfortable dealing with being a basketball playin b-boyin' body in the gay circuit. Nor was it comfortable admitting to these gay men, that I was entirely resolved with my sexual identity, and didn't see myself as any more a "man" than they. I deplored top/bottom conversations cloaked underneath "so what are you into?" smoky club whispers. "I like hip hop, house, writing, shootin' hoops." I didn't know that the question of what I was "into" was purely sexual, and it always went over my head. That is, until a queen schooled me on how my masculinity was something that carried great weight, not only in the gay world, but the straight world as well. I sometimes saw it as a burden. I had no issues with people knowing that I was gay, and grew tired of explaining to people that my "liking dudes" wasn't some experiment or phase.

I am a man. I am a black man. I am a gay-identified black man. Yes, I have dated women; though, interestingly, I have only done so as a gay-identified man. You see, I came out through experiencing Isaac Julian's "Looking



for Langston" and Marlon Riggs' "Tongues Untied." I came out through Audre Lorde and bell hooks. I came out through "Pomo Afro Homo" and Essex Hemphill lyricism.

That was a different time, when most of the boys in my collegiate cohort identified as banjee. We were "out" on campus and more or less in the community at large. It was North Cackalacky school boy realness: Duke, UNC, NC State, NCCU, Shaw, A&T. We were resolved about our attraction to men...in fact, we often wore it like a badge of honor...getting a kick out of seeing girls gag when we dared to display affection publicly because "[we] didn't look like no faggot." This banjee identity we assumed was a very different identification than the more contemporary homo-thuggin, homiesexualizm, DL identity that many gay men romanticize. I was told by one brotha who thought I would be his "trade" that I had too many books in my apartment, and that he thought I would be "different." His loss.

I sometimes wonder what kind of statement it makes that some in our community prefer a man who identifies as straight, is a baby daddy, and might call you a "faggot" if his boyz came around and he didn't want his boyz to get the "tea."

I'm 30 now. I've seen my own personal transition of going from a banjee who was initially very uncomfortable being seen with more effeminate gay men to a man who is not only comfortable with the vast spectrum of gender diversity among gay brothas, but who has actually come to appreciate it. As a rapper who relishes on-stage crotch grabbin with my fellow deep-dickcollective cohorts, it's all the more pleasing when there's a snap diva or drag queen at the show screamin "go in!" Their brothas are finally starting to represent for them after them taking all the heat while we remained silent and closeted.

And yet the troubling and tense thing about this banjee identity is that, depending on where you are and the community's familiarity, it can mean everything, nothing, or something entirely different from what one intends. On the West Coast, it has almost no resonance, except to "date" you as an old school "fag" from the 90s. Which is funny.... Who would



Illustration by Claibourn Hamilton



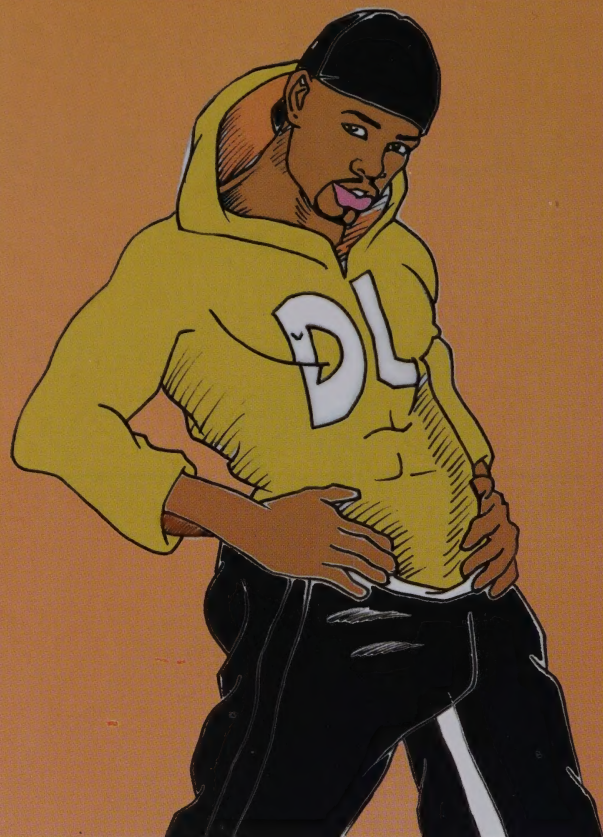


Illustration by Claibourn Hamilton

have thought that the 90's would have been thought of as "old school?" But gay years, are different...so they say. If nothing else, in this culture where hip hop is so predominant as a cultural medium for people to express identity, I'm happy that there are kids growing up to see the possibility of identities not before given much visibility. In high school, I thought that I was the oddest creature because, while I was resolved in my attraction to men, every representation of gay men I'd seen was an effeminate Blaine/Antwon parody. I didn't have anything against the queens, but wondered if there were guys out there who loved men and who loved ESPN, b-boying, and boy scouting. I came to discover that I was not an anomaly. It literally saved my life to know that there were "just dudes" who were gay.... Though it initially sent me

into this "banjee only" internalized homophobia that was marked by my discomfort with effeminate men.

I recently noticed that I've challenged how banjee personality expresses itself in terms of my attraction to other men. I've oddly gone from liking only men who were as masculine as myself (if not more) to finding something incredibly seductive about a brotha with a lil sugar in his tank (...just a tad). All this to suggest that I think that becoming more comfortable with "sexuality" generally, has been about becoming more comfortable with my own. Though D/DC and other brothas on the "out" banjee frontier have created quite a paranoia among hip hop essentialist who thought they knew what gay looked like or didn't look like, I'm happy that some young lil' football playin, butt scratching, brotha with a baritone might see his self reflected in something not radically different from his self. And I'd like to think that his struggle to love that self would therefore be less of a struggle than it was for me. It's equally important though, for him to see that men can be comfortable in their masculine skin and at the same time, comfortable and at ease with brothas who aren't so masculine.

Hey...just scattered banjee boy thoughts by a brotha whose terribly afraid my banjee membership is expiring. The b-boy look, each year, looks more and more ridiculous-- especially now that I teach and mentor youth who I appreciate having stylistic distinction from. If nothing else, it's a drop among many in the well of conversation about gay men and masculinity that I think is crucial to our collective healing. So here's to banjee boys and sissy boys alike: You Betta Work!

Tim'm T. West is an author, scholar, educator, journalist, and rapper living in Oakland, CA. He is 25percenter of Deep Dickollective, a crew of homiesexuals who carry the tradition of gay Griots through lyricism and the spoken word. D/DC just released an EP "Them Niggaz Done Went and Said" which is the preview to the forthcoming "Famous Outlaw League of Proto Negroes." Tim'm also just published his first book: "Red Dirt Revival: A poetic memoir in 6 Breaths." His muse-ic and he/art can be found at: [www.reddirt.biz](http://www.reddirt.biz).





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02J-036-4961-8

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# PASSING

I n prefacing his proclamation, he asked that I suspend my judgement, because he anticipated stern disapproval. Essentially, he proclaimed, "From this day forward, I will no longer publicly identify as half-black." Because my friend looks like a typical white male, I now assumed he'd allow people to take for granted that he was one. (I knew that he wouldn't verbally lie, just be evasive. He's good at that.) He went on to explain that he didn't want in any way to be limited in life any longer. In other words he wanted some "White privilege." But I didn't have the heart to tell him that nowadays Whiteness doesn't buy nearly as much privilege as it used to. (America's future will be less and less about race and more and more about class.)

To his surprise (and mine), though, I informed him that he'd made a wise decision. I kept thinking about how with greater and greater frequency our conversations have ended with me exclaiming, "God, you're White!" The first time he (let's call him Evan) and I went to a club years ago, I in my haste to pursue my own agenda went off to mix and mingle. Because he'd come at my invitation, he was too through when I abandoned him for the greater part of the evening. When he confronted me angrily, he had only one question: "Why are black people so rude?"

In one particularly irritating discussion, Evan assessed young black women. "They're loud, ignorant, bossy, mean-spirited, and callous," he opined. On what exactly was all this based? During O.J. Simpson's trial, he had spoken with numerous black women who all said essentially the same thing about Nicole Simpson: "That White B---- got what she deserved!" When I tried to explain that this wasn't a comment about Nicole Simpson's death, but exemplary of black women's very troubled relationship with white women who marry successful black men, he still found "the crime" inexcusable.

That my friend would choose to be White (which is an identity, mind you) seems fitting. He has lived his entire life in a white middle

class community. He was raised by his mother who is white and her parents. And for a substantial period of his life, he didn't even know that his father was black. So his identification makes perfect sense, although it has taken him quite a while to get where he is today.

Evan found out he was black around age 8. Until then, he'd had no inkling about his true heritage. And it has taken him decades to work through all the racial bull that has been heaped upon him. After all, it's quite jarring to realize that all the nigger jokes at dinner were really about you. In fact, for the past few decades he has been defiantly vocal about his true racial background, confounding white folks near and far with the surprising truth. Having fought this battle, I think he, fortunately, now realizes where he belongs, or at least fits best.

For instance, when Evan joined me and a couple of buddies for lunch, he casually mentioned during conversation that he prefers white men over black men. Since my buddies, both black gay men, knew that he was biracial, a hostile debate ensued. While I understood my friend's position (remember I think he's White), my buddies thought he was a self-hating "Negro," which would probably be a common assumption by most black folks who were aware of his pedigree. Not only does my friend lack black cultural connections, the rootedness that makes one Black, more importantly, he refuses to open himself up to new cultural knowledge that might drastically alter old perceptions. This was evident in the exchange about O.J. and other talks we've had.

As a child my friend always associated black people with poverty, a powerful image that encompasses more than financial status. Not long ago he asked me why neighborhoods deteriorate when black people move into them. I explained that black arrival in white areas is often accompanied by property-plummeting fears, which causes "white flight"—white residents, businesses, and resources disappear, followed by class changes over time. This explanation did little to change perception, because he's terrified since



blacks are currently moving ever closer, year by year, to his quiet little neighborhood.

In fact, Evan confessed to me that being Black is limiting for him psychologically, that the very condition itself somehow imposes a pessimistic future. With the spectre of racism looming overhead and the baggage of history dragging behind, he becomes less self-assured, less driven, even less resilient. As a White male, however, he allows himself a generously optimistic vision of the future, one cushioned with enough racial entitlement to create a psychological level of comfort and ease that's freeing; actually, it's a real motivator. (I didn't bother telling him that it was all designed to work that way, especially his complicity).

Because Evan, in terms of lived experience, can only identify as a White male, it's healthier psychologically for him to live that way too since he can.

During a conversation recently, my friend shared one of his shoddy racial theories, to which I responded the proverbial, "God, you really are White!" To counter my usual assessment, he then called attention to his liberalism as a way of separating himself from the desperate, backward yokels he's told me so much about. He was patting himself on the back, as it were, for being an enlightened White male, which was unimpressive to say the least. I mean, if he really were enlightened he'd be more of a race traitor, a member of that group of white folks who go about exposing Whiteness as political fiction--an arbitrary, socially constructed demarcation designed to elevate one group above another, creating an illogical racial order that, at root, is uncivilized. My friend doesn't think this way at all, because like most white people, he's too preoccupied . . . believing in his Whiteness.



*Jean Pierre Campbell is a Chicago-based writer whose work has been featured in SBC, KICK!, Venus, Essence, Nightlines, and Chicago Defender. Currently, Jean Pierre has column in BLACKlines, an African American LGBT monthly publication.*

**nuevo:** [nu.wāv.o] **new** / adj.

1. recently begun, made, built.
2. different.
3. just beginning to be used; fresh.

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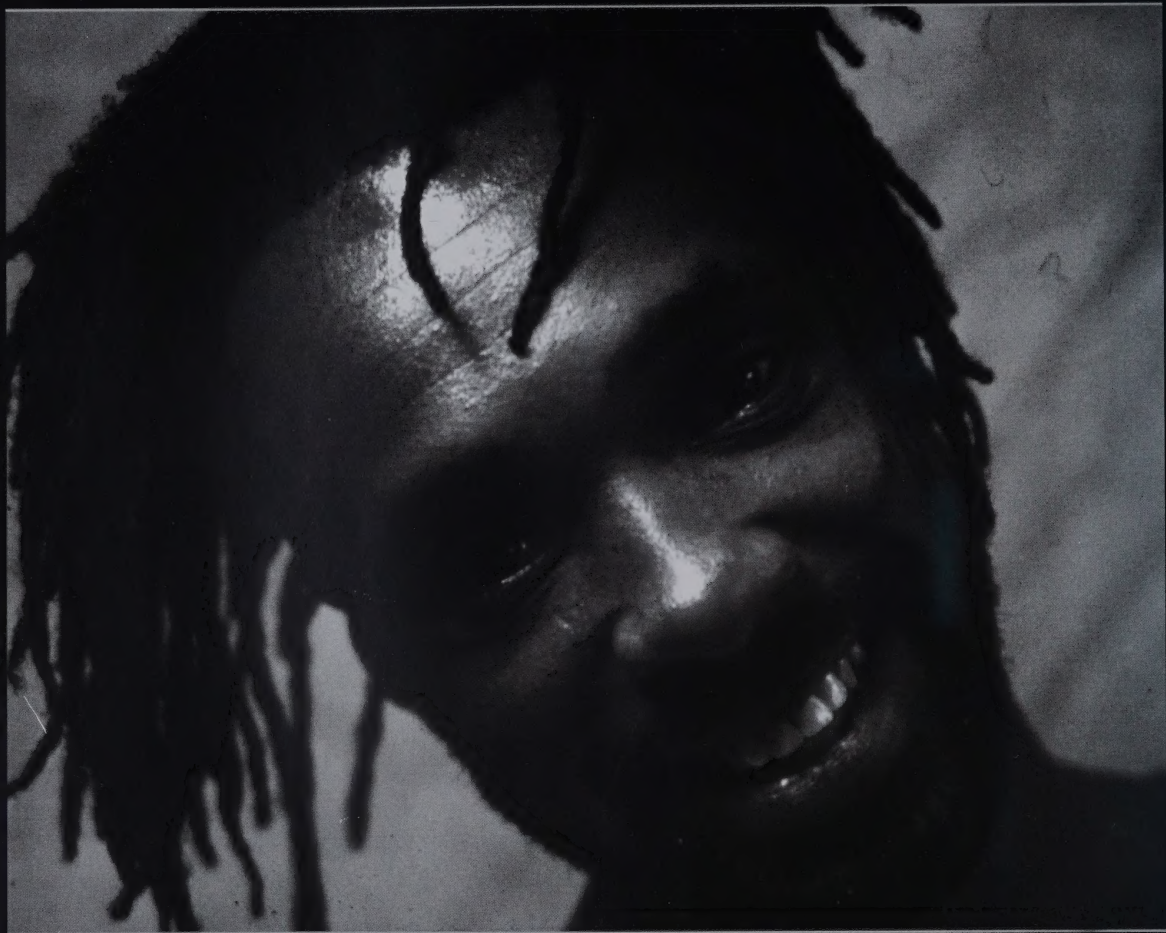
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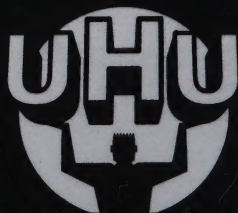
# nuwāvo



# Into Living



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I want people  
to return back  
to Soul music  
and back to love.

Lonnie Tuck,  
Singer, Producer,  
Songwriter



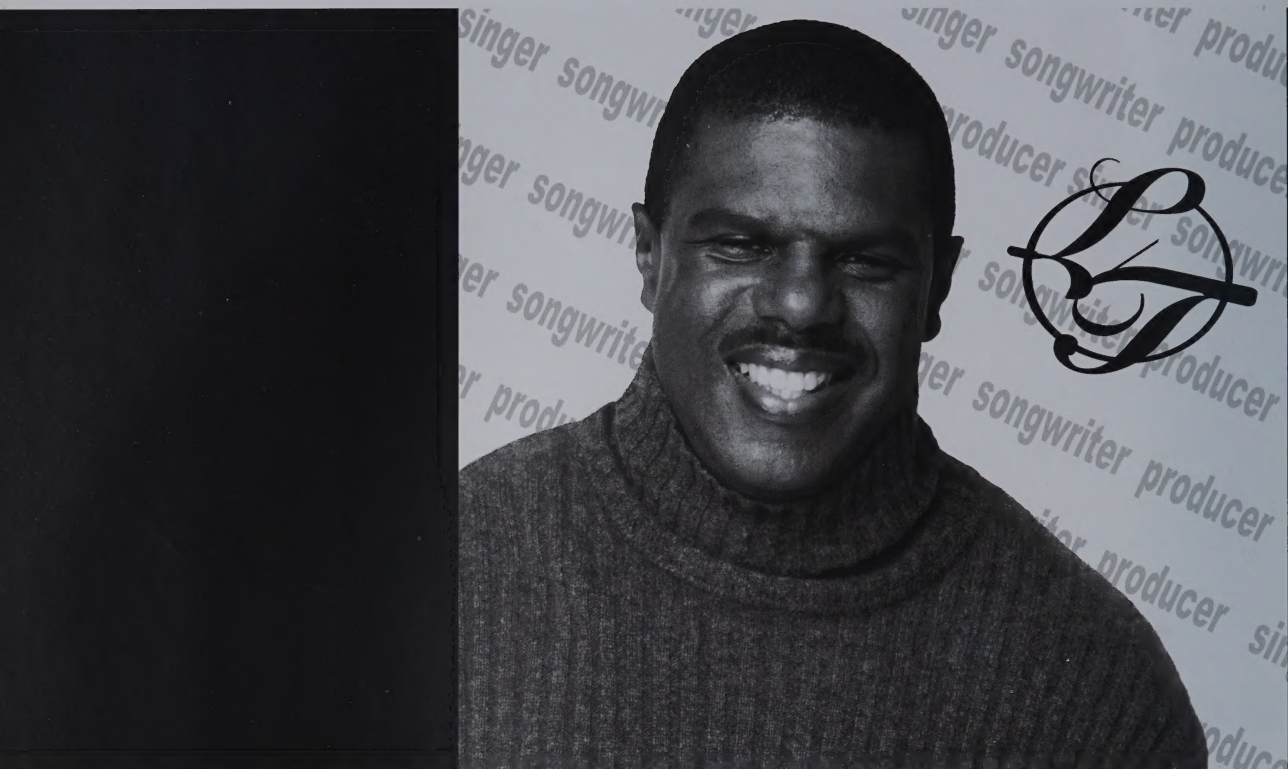
**L**onnie Tuck, singer, producer and songwriter is the fabled small town talk boy, who grew up singing gospel in church, moved to the urbane likes of San Francisco and makes it big. Well, just about. The silken voice balladeer's self titled debut project "Tuck You In" is sure to set the tone for romance, quixotic evenings and late breakfasts leaving a memorable mark on the hearts and minds of all those who would dare listen.

Tuck offers pure vocal ecstasy, rich in flavor on the order of Luther Vandross, Donnie Hathaway with hints of Will Downing. Still, in the face of such comparisons this brother bears recognition for a sound that is uniquely his. The sound is distinct, fluent and fresh.

Lonnie Tuck has sung alongside the best including R&B songwriter, producer, keyboardist Rex Rideout who has produced for Luther Vandross (Secret Love 1998) Angie Stone (Black Diamond 1999) Will Downing and Mary Jay Blige (Share My World 1998).

Lonnie has also performed with gospel recording artist Wesley Boyd and Richard Smallwood. Currently Lonnie can be heard on flutist Gerald Becketts' CD "Blackeyes" which has reached number 40 on the Jazz charts.





This month, Tuck will release his much-anticipated project "Tuck You In." Having listened to the sultry tunes on Tucks compilation, this writer can attest to beauty and pleasure that that will fill your heart.

The musicians for the project are known as the "Skuby Snax." Tuck defines them as "a group of gifted musicians who serve as my band. They are a power Quartet made up of Drums- Woo Baby (William Woodley), Bass- R-Dub (Rick Warren), Keyboards- Dr. Dee Spenser and Eamonn Flynn and Flute played by Gerald Beckett."

When asked what was his source of inspiration for this project, Tuck replied "My sources of inspiration are God our Father, Magic Johnson, Oprah Winfrey and Rev. Dr. Yvette Flunder. These people have inspired me to live my life fully."

Tuck has a very clear ambition for "Tuck You In."

His intention is clear. "I want people to return back to Soul music and back to love," notes the artist, and if Tuck has his way, his sound will leads them there.

To learn more about Lonnie Tuck or "Tuck You In," check out [www.lonnetuck.com](http://www.lonnetuck.com).





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# CROSSROAD PERSPECTIVE 2003

A QUEER TRANSGENDER

WOMB-MAN OF AFRICAN

DESCENT SPEAKS

ABOUT LIVING AT THE

INTERSECTION OF GENDER

Often I am asked why can't I go beyond the label of Queer or Transgender or Aggressive or Butch etc. I'm told that my assertion of self helps to further perpetuate the divisions I claim to want to transcend. Then when I begin to explain the level of discrimination and the abuse I go through in this country, I am told to stop "getting caught up in myself." How many selves share in this experience with me? How many numbers does it take for the pain to be valid? How many numbers does it take for it to be a worthy enough cause for support? Although the length of this article is not able to completely analyze the impact of gender in our world, I pray that the discourse serves to spark dialogue and shed some light on an otherwise dark subject. (note: The term womb-man is another term for a transgender F to M who respects the female body he is in. The same as a male womyn).

Some of my earliest memories of gender are discovering that I didn't feel like a girl on the inside. My fantasies revolved around riding BMX bikes and skateboards. I wanted to master computer programming and play the Bass Guitar. Not to say girls don't like those things, but most of the girls that I grew up with didn't share my interest. Then there was the game of house. The girls always wanted me to play daddy. What can I say?

It wasn't all fun and games. In my formative years, I was afforded an opportunity to discover the dangers of expressing a gender that is not in alignment with society's expectation of your sex. The boys in my neighborhood



practiced a game called catch a girl-get a girl. The game involved simulated rape scenarios. The boys would chase a girl of his choice until he caught her. Of course all the girls would run, because nobody wanted to be caught. 'Even dough we know sum ah dim gurls wanted to be caught.' If the boy were able to catch the girl, he would hold her down and gyrate on top of her until he grew weary or experienced the sensation he was seeking.

This child's play eventually led to me being gang raped at 8 years old. I spent 6 months punching myself in the womb. This was my version of the day after pill. My sex education was limited. My eight-year old mind deduced that even if I did not have one yet, my cycle could have been coming that month. I never told anyone until I was an adult. Like many rape survivors, I was frightened that I would be blamed for the violation. Often I am asked if I believe it was the abuse that caused me to become male. My expression of self was very much male before these things happened to me. It was as if my maleness incited those young boys to remind me of my place.

I recently witnessed a similarly disturbing response while attended a Native Pow Wow. I am quite fond of dancing. Listening to the rhythms of the Drummers, I began to infuse my martial stick fighting and what I had learned of Native American Fancy Dancing. I was approached by a group of young boys ranging from ages 4 – 12. Their ethnicity included Native American, African American and Euro-American. They were initially impressed by my dance. Then when I spoke they questioned my gender. After telling them that I was a womb-man, they began to threaten me. This experience, both comical and horrifying, allowed me to peer at the naked immature male

ego. I realized that I somehow posed a threat. Why else would they become violent? I dare not attempt to answer that question in this article, but it is an important issue worthy of further thought and conversation.

My maleness was met with opposition in other ways. I remember being told not to act like that "butch woman ova there...That is most un-lady like." My mother said those words with venom. This warning was a clear indication that my true nature was to be changed. That is if I intended to be an exceptable "lady."

I acquiesced and played the game. I wore the press and curl. I wore the prom dress. I did my best to act like a girl. I spent many years unable to explain why I was so uncomfortable in my own skin. In this process of self-discovery, I gave birth to my salvation. Six years ago my daughter was born. Although I no longer seek romantic relationships with men, she was conceived in love. Although her father and I are unable to have a successful conversation without mediation, she was conceived in love. Her light and glow have helped me to keep my focus.

Living as a female warped my perception of reality. It caused me to develop an emotional dyslexia. I had all the inner feelings of a male, but society encouraged and/or forcefully required me to respond and perceive the world as a female. It certainly expands one's perspective. When I came to terms with being transgender, I was finally able to order my universe in a way that made sense. Through self-acceptance, I developed more confidence to trust my own inner truth.

Doing research on the Queer experience from a cultural point of view has taught me that



the resolution of this "emotional dyslexia" is inevitable. Patrice Malidoma Some, an Initiated Elder and Shaman of the Dagara people of Burkina Faso says:

"...among the Dagara people, gender has very little to do with anatomy. It is purely energetic. In that context, a male who is physically male can vibrate female energy, and vice versa. That is where the real gender is. Anatomic differences are simply there to determine who contributes what for the continuity of the tribe...

The gay person is looked at primarily as a "gatekeeper." The Earth is looked at, from my tribal perspective, as a very, very delicate machine or consciousness, with high vibrational points, which certain people must be guardians of in order for the tribe to keep its continuity with the gods and with the spirits that dwell there. Spirits of this world and spirits of the other worlds. Any person who is at this link between this world and the other world experiences a state of vibrational consciousness, which is far higher, and far different, from the one that a normal person would experience. This is what makes a gay person gay....

They (the gays) know what their job is. You just have to get near them, to feel that they don't vibrate the same way. They are not of this world.

In African Cosmology, Queer people were considered divinely created to help the world to connect with spirit. The view that "the gays" are an integral part of the continuum of the society is not exclusive to Africa. Patricia Nell Warren speaks of the Native American worldview sees the Queer person:

"Now and then, a person's karma dictates that both male and female are coming into substance together. These are the Two Spirit people. Sometimes their dual nature is actually visible in their genitalia, which may include both male and female features. In other cases, the influence of the spirit-world twin is simply felt as an overriding influence coming from the invisible. This explains the urgency with which some transgender people wear clothing of the opposite gender, or seek

sex-change surgery. They are not imagining things when they feel that they are 'women in a men's body,' or 'men in a woman's body'."

It was believed that with this dual nature came certain gifts. Claire R. Farrer, an anthropologist explains:

"Multigendered adult people at Mescalero are usually presumed to be people of power. They are often called upon to be healers, or mediators, or interpreters of dreams, or expected to become singers or others whose lives are devoted to the welfare of the group. If they do extraordinary things in any aspect of life, it is assumed that they have the license and power to do so and, therefore, they are not questioned."

Admittedly, patriarchy and homophobia (two very complimentary forms of oppression) has caused me to look critically at men. With me being of African descent, I have been particularly critical of Black men. I have found myself uttering the infamous black woman quotes. "Why you gotta be so angry?" "Why can't you just get a job?" "You always think somebody out to get you!" How limited my view was. Once I began to be treated as Black male, I was able to perceive a reality previous unavailable to me.

The transition into adulthood has been a challenging initiation. In this process I have admittedly fallen prey to some of the pitfalls of male aggression. In the summer of 2002, I was arrested for domestic violence. The scenarios I witnessed throughout my childhood finally caught up with me. My then wife of a year and I got into an argument that became physical. The charges were later dropped, but I almost committed suicide in jail that night. I was filled with memories of crying silently while my step dad beat the crap out of my mom. Overcome with guilt, I could not believe that I had committed such an act. As I sat contemplating methods of suicide it was grace that kept me. Although we have decided not to remain married, I am blessed to have a nurturing relationship with my ex wife. Through counseling, we have learned how to forgive. Since then, we both have committed to living a life of non-violence. AuraNut thank you for continually inspiring me to manifest love.

I am not proud of it, but I too have raped a woman. I did not use much force to hold her down, but she said "No" during the entire act. Rape is more than a physical act. As she walked away looking as if she had just been molested, her last words echoed in me. She said, "Why did you take me like that?" How could I explain? Having survived rape, I should know better. Nevertheless, something about my newly discovered "maleness" needed to overpower her. "How dare she tell me no?" said the selfish immature ego. In a conflicting and life changing moment I understood the illusion of power. I also discovered how easy it is for rape to seep into the subconscious. This especially holds true for men in a society where so much of maleness is about having "dominance" over others. I realize now that I felt rape a male privilege. Praise the Goddess I have transcended such destructive notions. The love and forgiveness of that woman has allowed me to transcend my immaturity and the blame I have held against those boys for so many years. Thank you Goddess. Thank you.

Living at the "intersection," I have learned that within and without we have been given the task to unmask the illusion of opposition. Male and female are not opposites, but distinct compliments. Farrer notes: "Because they have both maleness and femaleness totally entwined in one body, they are known to be able to 'see' with the eyes of both proper men and proper women." Indeed there is much division between lines of gender and sexuality. By studying the worldview of indigenous cultures and creating alliances across these apparent lines of difference, I have gained an optimistic view of the future. My two-spirit eyes tell me that the victory is in the unity.

*AnuRa is a homeschooling parent, reading volunteer, dancer, astrologer, body builder, photographer, writer, yogi, martial artist and transgender womb-man, who believes there is a social and spiritual responsibility to being an artist. This "Eclectic Mystik" is currently studying Herbal Shamanism with a focus on healing in the Queer Community. AnuRa is a lover of nature who often hugs trees and whistles to birds. The Author can be contacted at lamAnuRa@aol.com.*



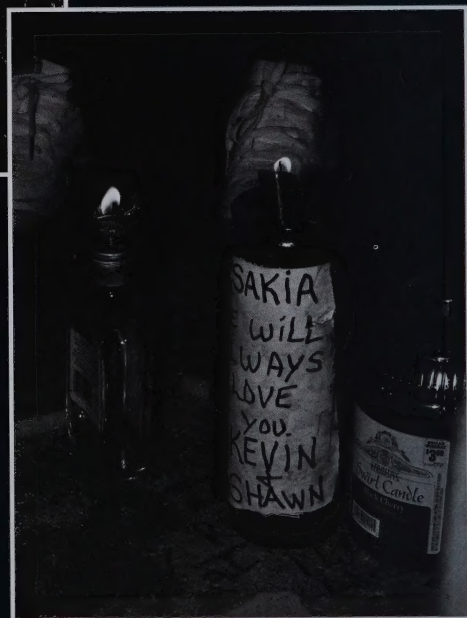
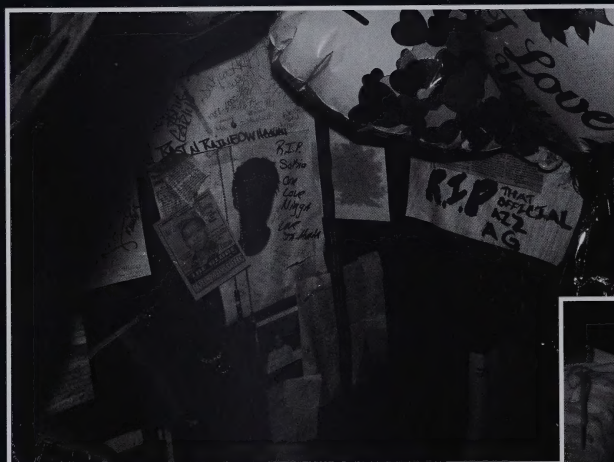


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# Sakia Gunn:







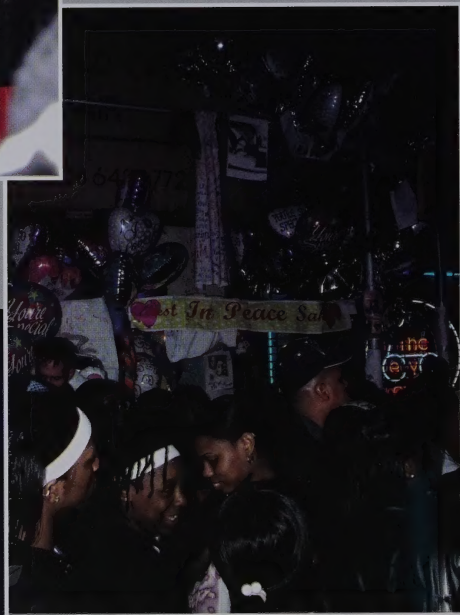
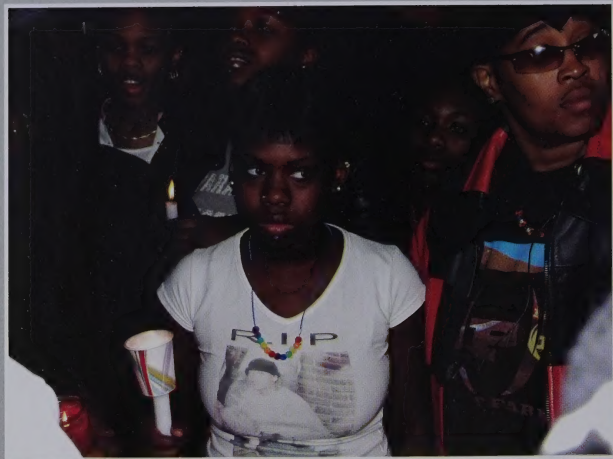
# A Life Stolen by Hate

E

arly Sunday May 11, 15-year-old African American lesbian teen Sakia Gunn was the victim of a fatal stabbing while waiting with four female friends for a bus in her hometown of Newark, N.J. Police say that Gunn, who was returning from a party in Greenwich Village, was attacked by two men who pulled up to the bus stop in a van and started flirting. After she and her friends rebuffed the sexual advances by telling the men they were gay, a shoving match began, and Gunn was stabbed and the two men fled the scene.

Newark police, who have yet to arrest any suspects, said they are treating the incident as a bias crime. On Tuesday police obtained an arrest warrant for 29-year-old Richard McCullough after their investigation identified him as one of the two men who fought with Gunn on Sunday.





G

unn, a sophomore at West Side High School, will be buried Friday following a 1 p.m. funeral at Perry's Funeral Home, 34 Mercer St. in Newark. A viewing from 11 a.m. to 1 p.m. will precede the funeral. A vigil will be held in Newark from 7 to 9 tonight at the corner of Broad and Market where Gunn was slain.

There will also be a protest at 3 p.m. tomorrow in front of Newark City Hall to raise awareness about the state of New Jersey not having adequate laws to protect gay rights. At both events, people will be wearing either white or rainbow colors that identify them as gay.

"The local response to this murder has been overwhelming," said Michael Young, GLAAD's Northeastern regional media manager, "and it's encouraging to see the Newark community come out in support of this young woman. We hope media attention of this case will increase awareness of anti-gay crimes in general. Journalists have the opportunity to not only cover Sakia's murder, but also explore hate crimes in a larger context."





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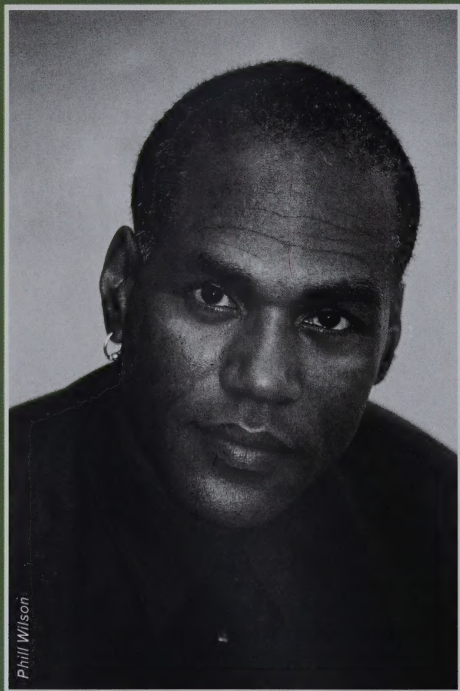
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phill wilson

## "AND IT'S ONE, TWO, THREE, WHAT ARE FIGHTING FOR?" COUNTRY JOE MCDONALD AND THE FISH



Now that the invasion is complete and the occupation of Iraq has begun, is it me, or does anyone else remember that the primary reason for bombing Iraq (at a cost of \$95 billion), killing 2400 Iraqi civilians, and putting 250,000 of U.S. military personnel in harms way, was because Saddam Hussein, the Iraqi dictator, supposedly had weapons of mass destruction and was an immediate threat to the United States?

First we said Iraq had nuclear weapons. Then we said there were biological weapons. Yet, to date no significant nuclear or biological weapons have been found, and there is no evidence to suggest that even if Iraq had weapons of mass destruction, that they posed an immediate threat to the United States. Given Iraq's inability to deploy conventional weapons, it seems unlikely they had the ability to launch any weapon from Iraq that could threaten U.S. territories and/or interest.

On April 17, the Centers for Disease Control and Prevention (CDC) announced a new initiative "aimed at reducing the number of new infections caused by HIV. There are approximately 40,000 new AIDS cases and 16,000 AIDS related deaths reported each year in the United States. Given the changing demographics of the HIV/AIDS pandemic (over 53% of new AIDS cases in the U.S. are Black and xxx% are women), and new technology, it is appropriate to re-evaluate the HIV/AIDS prevention strategies in the United States and the CDC should be commended for finally responding to a part of what people with AIDS and HIV/AIDS community based advocacy groups have known and been saying for years—current prevention efforts are not effective enough.

But, I fear, just like "Operation Iraqi Freedom" is neither about Iraq nor Freedom, the "Advancing HIV Prevention: New Strategies for a changing Epidemic" initiative is neither about advancing HIV Prevention nor the changing epidemic.





No one can disagree with HHS Secretary Tommy G. Thompson, when he says "The nature of this epidemic is changing and it is time to expand our prevention strategies in order to more effectively reduce the number of HIV infections in the United States."

The stated goals of the new CDC initiative are:

1. To reduce barriers to early diagnosis of HIV infection, and
2. Increased access to quality medical care, treatment, and ongoing prevention services.

While the new initiative calls for expanded access of HIV testing to non-clinical sites, it calls for the elimination of the requirement of both informed consent and pre-test counseling, allowing doctors to perform procedures on patients without their knowledge and performing tests on people without counseling them on what the tests are and what the results mean.

This will exacerbate the already suspicious environment in which some patients live and increase barriers to early diagnosis. Furthermore, the new initiative eliminates direct funding to community-level interventions.

One of the goals of this initiative, as stated in the CDC's official statement, is to prevent new infections by working with people diagnosed with HIV and their partners. Yet this initiative was designed and announced without any formal consultation with representatives of people living with HIV/AIDS or any public comment period.

Unfortunately, rather than "expand" our prevention strategies, the new CDC initiative shifts and narrows our prevention strategies.

HIV risk behavior occurs in a cultural and social context. Relying on individual interventions to the exclusion of comprehensive

approaches only ignores the evidence demonstrated by effective HIV prevention efforts in other countries. Furthermore, efforts to address smoking, seat belts, drunk driving and other health behaviors clearly show that prevention efforts must target communities and social norms to be effective.

In the end the question here is not whether the goals of this initiative are laudable. The question is will the strategies discussed in this plan be effective in preventing new HIV infections. This plan boils down to expanding HIV testing by removing patient protections and privacy. While testing is an important component of any effort to end the HIV/AIDS pandemic, an HIV test is not a cure. It is not treatment or care. An HIV test alone is not even prevention.

Terje Anderson, the Executive Director of the National Association of People with AIDS (NAPWA), points out "While it is essential to increase knowledge of HIV status to support individual and community health, it is equally important that those who test positive have access to medical care and essential services." The CDC is seeking to identify persons living with HIV, while care and treatment services like the AIDS Drug Assistance Program (ADAP) and the Ryan White CARE act are under funded and this administration is working to gut Medicaid eligibility for people with HIV/AIDS.

This initiative is not designed to expand comprehensive prevention efforts. It is not designed to get people with AIDS into care. It is designed to identify, isolate and punish. Just like bombing a people into submission does not a democracy make. Making HIV tests more accessible alone, does not a prevention strategy make!

Phill Wilson

[www.Blackaids.org](http://www.Blackaids.org)

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THERE AIN'T NO TIME TO WONDER WHY..."



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is up  
to you."



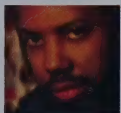
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# the many faces of pride

By Herukhuti

As we enter the season of pride festivities throughout the country and around the world, it seems appropriate to identify the reasons for feeling a sense of pride in our community. What do we have to be proud about? How can we nurture the reasons for our pride?

## OUR STORY

From the griots, healers, and mystics of our history in Africa to the artists, writers, and activists of our history in the United States, we have had a central and visible role in the development of our community. Through the hardships of slavery and the modern manifestations of sexism, heterosexism, and racism, same-gender loving people have not only survived but have also advanced the mission of community empowerment in various forms, contexts, and forums. We own businesses, direct organizations, add new theory and knowledge in scientific and scholarly communities, and influence public policy at the local, state, and national levels.

We must be ever vigilant to tell our own stories and record the journeys our lives take. At the individual and the organizational level, we must take deliberate care to document our place in the world. Projects like the Black Gay and Lesbian Archive ([bglanyc@yahoo.com](mailto:bglanyc@yahoo.com)) and the Black Gay Research Group ([www.blackgayresearch.org](http://www.blackgayresearch.org)) provide us with a repository of our experiences that we can utilize to find out more about who we are and contribute to the telling of who we are. These institutions must support us and we must support them.

## OUR SEX

Our sex is passionate, hopeful, empowered, and expansive. We contribute to the development of a human sexual ethic which privileges the naturalness of human desire and physical pleasure in healthy human interactions. Whether in the context of a long-term relationship or a booty call or a one-night stand with a beautiful person who just met at the club, our sexual behavior affirms the deeply human right to

experience love, affection, and physical affirmation. Our sex challenges repressive notions of implicitly "appropriate," "normal" sexual contact. We use our sense of sexual empowerment and sexual agency to create safe space for the exchange of sexual energy along the footstep-worn paths of parks and beaches, in the marble-clad stalls of public restrooms, on the hypnotic dance floors of clubs across the country, and in the rose petal-laced beds we offer to our 2am house guests.

We have several tasks as a community in this area. We have to develop and promote more affirmative, culturally relevant ways to view, understand, and examine our sexualities. The ways and forums for young people to come into their own in our communities have to be re-assessed for their effectiveness and appropriateness toward the development of healthy, empowered adult members of our communities.

We must also continue to interrogate the heterosexist images and values about sexuality that exist in communities of color and in the European-American community.

## OUR COMMUNITY

Black Prides are expanding across the globe. Our writers are writing our stories in literature. Our organizations enjoy decades of visible presence in our communities. There is a growing diversity of perspectives, ways of being, forms of sexual culture/practice, and resources within our communities. Our communities provide us with opportunities to explore the intersection of our African-ness and our sexual-ness in ways that weren't previously available as a result of our enslavement in the Americas. At the same time, we are under attack from conservative, racist homophobes that seek to suppress our sexuality and retard our sexual development. We are under attack from members of the





## building our communities, building our selves

African descent community who have internalized the homophobic messages and schizophrenic sexual attitudes of white America.

We can not withdraw into a community of closets. At a moment of magnificent potential and critical vulnerability, we must re-dedicate ourselves to the goals of social justice and sexual empowerment. We must find new ways to provide the necessary elements of development and growth to our communities. We must offer creative strategies for facing the newest challenges that face us while maintaining our vigilance in the areas in which we have made significant progress.

## OUR PRIDE

Empty pride results in failure and missed opportunities. Our pride must be based in the real work of building community and creating a more socially just world. Aside from the glamorous work of photo opportunities and speech making, the real world is the everyday private work in which we each engage. This work is about how we treat and view ourselves. This work is about how treat and view others. It's about the ways in which we examine our values and actions toward being more healing, loving, and constructive as forces in our communities.

The building of community includes all the intimate decisions we make and actions we take. The criteria you use to choose a lover affect the condition of our community. The principles that guide your friendships affect the status of our community. The decisions you make about how and where you spend money, pay for services, and contribute financially affect the health of our community. The ways and forms you use to connect with God and express your spirituality affect the nature of our community.

We each play a role in what our community is and what it will be. We are our best reasons for pride, if we only act with pride and live proud lives. Among the many faces of pride is yours.

*This column is dedicated to discussion of work and career, leadership and management, organization development and institution building. Please email your questions and suggested themes to Herukhuti at: [heru@profoundmoments.com](mailto:heru@profoundmoments.com). If selected, your question|theme will receive a published response in this column.*

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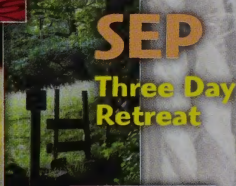
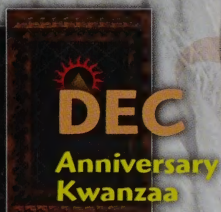
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by David Jacquot

















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# N'Dambi

## BACK FOR THE FIRST TIME AND ON THE RISE

PHOTOGRAPHY: ANTONIO SHELLMAN / STYLIST: ERIC HOLLIS



### What is the statement that you try to make with your music?

I try to express creative freedom. My music is art, the track is my canvas and my lyrics is the paint.

### Where does your music come from in you?

Music has always been inside me. I have always sung, I sang in the church as early as two years old because I was a preachers kid. Therefore I was going to sing in the church choir whether I wanted to or not. By the time I was five I was taking piano lessons and by age eight clarinet lessons. I was shaped as a musician. I regret not continuing music theory cause music theory has shaped my artistry.

### Why didn't you sign a major record deal before releasing two albums?

There was no place for my voice. I attempted to shop my first album around but the music industry felt uncomfortable with the sound. I had to showcase my music independently.

### How has your music experience been so far?

It's had its good points and bad points. I feel like I have no attachment to the industry. I'm parallel to it. The bad point is sometimes you make music and people don't get to hear what you do.

### What is your musical genre or do you even have one?

I don't have one because music for me is based around emotions. Nina Simone had no genre because she had such a wide scope. Roberta fFlack didn't have a category, but because she was black she was R&B. I don't like to be classified because it limits the audience and then people expect you to make the music they know.

### Does spirituality reflect the decisions you make when making music?

Yes. If I make a song about love or being in love I don't use vulgarity cause I'm a mom and I am conscious of what I say and sometimes that does dictate the expression of the subject matter.

### What music are you listening to right now?

Old school hip-hop. Artist like Al Green, Cee Lo, Lenny Kravitz, you know people who talk about dancing and being at the party having a good time and meaning it.

### What is your favorite song on your CD?

Hi Pearl-C because it tells a story about wanting to be accepted but you can't find your niche. You're being dictated to, who you are. Parts of it remind me of me, I believe.

### Are you ready for success?

So ready. I'm more than ready, being prepared and mentally ready have to match up and I have already achieved success. Now I'm ready to take it to the next level. Making a record and putting it out there is successful. Now being prepared is a process where I can loose the cocoon and come out a beautiful butterfly.

### Do you have any last thoughts?

Yeah. I want to just make good music and because I make music for me first. I know I lose that audience that major labels can introduce me to, but if the music I make makes people happy then that's a great thing.





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Black parents talk with-not at-your children. Encourage their critical thinking capacity. Black children talk with-not at-your parents. Encourage their critical thinking capacity.

Exercise daily, drink plenty of water, and eat nutritious foods (fresh vegetables, low fat meats, minimal dairy products and sugar) during the week. Splurge, if you must, on weekends.

Be courageous, improve your life and seek wellness assistance. If you have food, sex, drama (fussing, fighting, violence) or substance use addictions, don't play yourself. Seek change.

If you are heterosexual, homosexual, bisexual and sexually active use protection (a fresh condom and water based lubricant). We live in the age of HIV, and for "us" its growing. Yet it's 100% preventable.

If you already know you've been sexually active and unprotected - get a confidential HIV test and counseling.

Every time you pass a Brother or Sister in the street, even if they are homeless, speak. It won't cost you a thing.

Unlearn anti-Black thinking. Start with erasing the "N" word from your vocabulary. We are the descendants of enslaved Africans systematically turned against each other. We must actively counter this by affirming one another, even when doing so is a challenge.

If you are self-destructing -- overeating, oversexing, possibly depressed (listen up Brothers), or having a difficult time sustaining relationships, being a decent person or a good role model to children -- seek help. Doing so is a sign of strength, not weakness.

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**Earl, this is supposedly your last year as Pride President, but you've said that before and came back in the past. What's next for you?**

My term is up in the fall and I serve at the pleasure of the board. I stepped down before and was asked to come back to assist with Pride again. I was happy not being president and I am happy being president—it's really no big deal to me. It is a lot of work and while I will always be a part of DC Black Pride because of our mission, I don't have to be president. I would like to spend much more of my time working with the IFBP. I think that people like Johnny, Dorena Kearney, Wendell Carmichael and I, just to name a few, can really help the BP movement by giving people the benefit of our experience.

**What about you, JY? Earl has stepped down and come back. Any chance that will happen with you?**

Detroit's Hotter Than July has been about my personal growth for the last eight years. As President, I had to face many personal challenges with my own identity and affectionality. I've been determined not to let my own shortcomings hinder the mission of this grass-roots effort. I am a product of its purpose. It has instilled within me pride and confidence. So I could never quit Detroit's Hotter Than July and all the positives it has provided. I've been blessed.

My stepping down will allow someone else the same opportunity. Our community needs many leaders, not just one to resolve so many issues. The person or team that accepts Hotter Than July's future challenges will need access to the wisdom and experience I've been privileged to acquire. As an activist, it's my responsibility to make sure I continue to practice and support the basic premises of our Pride celebration. Anything less would be counterproductive.

The community's support has allowed us to

produce one of the country's longest-running black LGBT Pride celebrations here in Detroit. I was fortunate to have that commitment and faith. I believe others will, too. When they do, I will be there to provide support, advice or to work on a project-by-project basis. For now, I have other creative endeavors and more personal growth to pursue.

**Who will be the next President of DBG Pride?**

An announcement will be made in the fall. Whoever is in the position will need to be a good communicator with a grass-roots vision and a willingness to sacrifice for the best interest of the community. They will definitely need the continued commitment and faith from our other leaders. I will be available to transition those relationships if necessary.

The next eight years of Detroit's Hotter Than July will be critical. We have to continue to position our community to take advantage of Detroit's political environment. We've built sustainable bridges and have made very smart strategic alliances with local institutions and politicians. The next president will need to devise a plan to leverage the positives into economic and political strength. Visibility will be key.

**Looking back over seven years, what were the highlights and lowlights of DBG Pride? What do you take away from the experience?**

First, the lowlights are definitely outweighed by the highs. Some important friendships and associations were strained along the way, which is to be expected. It also gets frustrating to see my people prescribe so intensely to materialistic, antiquated ideals. American Blacks don't have such luxuries, given the state of our community. It's time to embrace certain realities, and claim our rightful place as Americans.

Detroit's Hotter Than July has given me a deeper understanding about the soul of black folk. I'm perched in a unique position where I see a lot of opportunity. I have a deep respect for the black LGBT leadership here in Detroit. They do incredible work everyday, with hundreds of people. It's been an honor to work for and with such dedicated individuals.

I am very proud that DBG Pride and Hotter Than July has remained an all-volunteer effort since its inception. No director, including myself, has ever been provided a salary or stipend. For an entity with no staff, I think we've done an incredible job. I felt it was important for the community to embrace the concept, which meant sacrifice and discipline. So, I'm leaving this organization in a very strong position.

I am very optimistic about our future. The fact that a black gay Pride of substance has endured in Detroit is a testament to the people's resolve. The concept of Detroit's Hotter Than July has only touched the surface of something bigger. It has just begun to tap into its own potential. So with continued grass-roots support, I have no doubt that Detroit will continue to provide a template for other black LGBT communities across the country.



*DC Pride takes place Memorial Day Weekend. Hotter Than July is set for July 24-27. For more information, visit the websites [www.dcblackpride.com](http://www.dcblackpride.com) and [www.hotterthanjuly.com](http://www.hotterthanjuly.com).*

*Brent Dorian Carpenter is a syndicated columnist and freelance journalist for two weekly Michigan newspapers, Between The Lines and The Michigan Citizen, where he covers Detroit's Black Gay community. The author of two novels, Man Of The Cloth and This Time Around, he will be book-touring this summer at several Black Gay Prides around the country. Email address is [candbcarpenter@prodigy.net](mailto:candbcarpenter@prodigy.net)*



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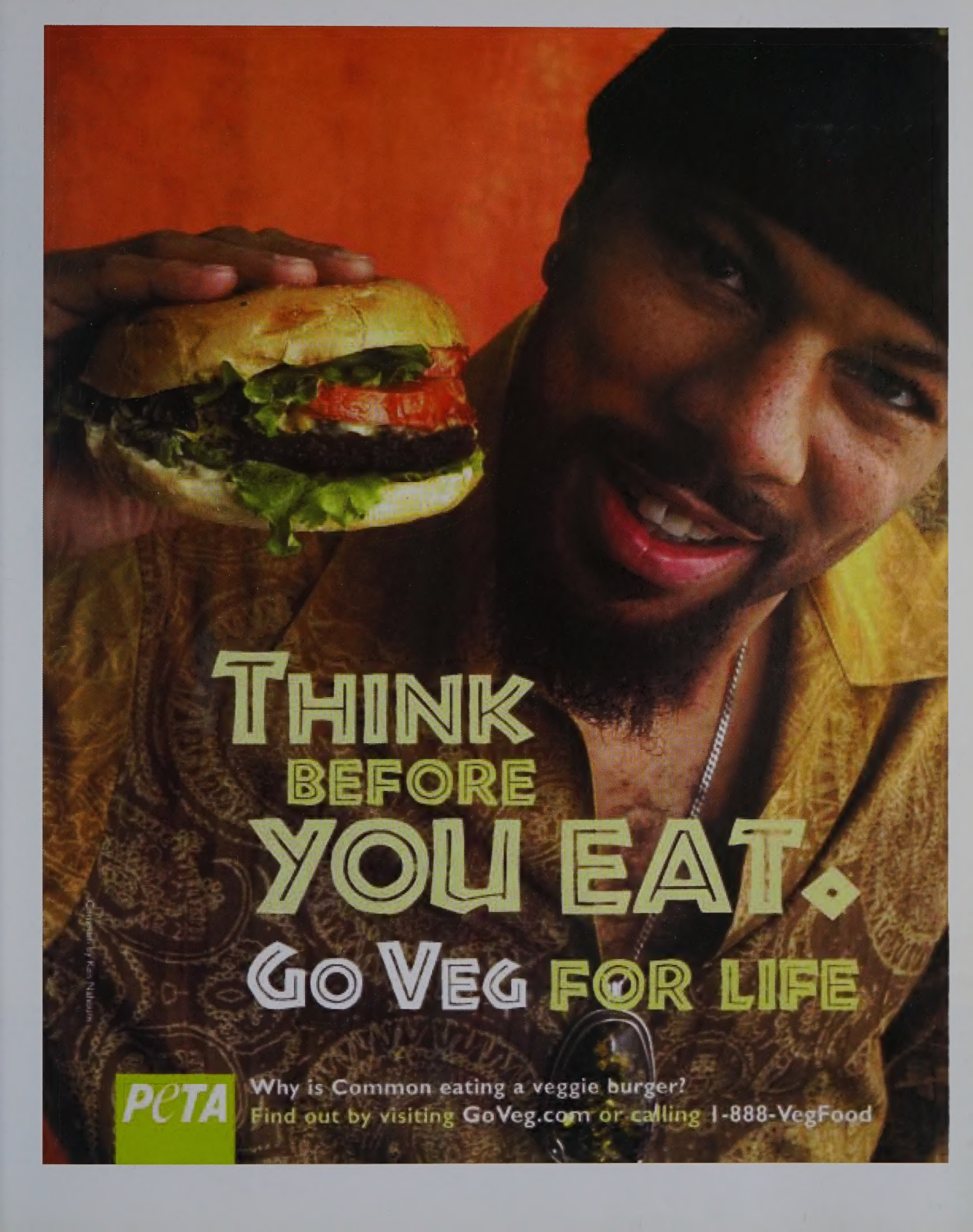
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A close-up photograph of a man with a beard and mustache, smiling and looking towards the camera. He is holding a large veggie burger in his right hand. The burger is on a long, golden-brown bun and is filled with layers of green lettuce, a slice of red tomato, a dark brown veggie patty, and a slice of white cheese. The man is wearing a patterned, gold-colored shirt and a chain necklace. The background is a solid orange color.

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AIDS Health Project, 1930 Market Street @ Laguna Street  
5/4 Sunday 3pm & 6/1 Sunday 3pm

### Black Like This

An urban art symposium to unify the black gay/bisexual community through art and artistic expression. Come share your art, dance, music, drama, hip hop, drag, performance art, poetry, beautiful spirit...or just watch the show!

STOP AIDS Project, 2128 15th Street @ Market Street  
5/12 Monday 7pm & 6/9 Monday 7pm

### Soul in the Woods

Join us for an amazing day in the SF Presidio to get outdoors and share our experiences as HIV- and HIV+ men. Rain or shine, we'll provide the gear to keep you safe, warm, and dry.

STOP AIDS Project, 2128 15th Street @ Market Street

with Black & Silver (older men) 5/16-17 Friday 7pm,  
Sat 9-6pm

with Q Action (under 25) 6/20-21 Friday 7pm,  
Sat 9-6pm

## Special Events

### Black Trade Obsession

5/28 Wednesday 7pm

Men who have sex with men, substances, dl men, playas, playa haters, the money games, tricks and the trade - it's the deal. Is it your deal? What are the politics in the black trade thang?

STOP AIDS Project, 2128 15th Street @ Market Street

### A Night with Tim'm West

5/30 Friday 7pm

Our black pearl, Tim'm West author of *Red Dirt Revival - a poetic memoir in 6 Breaths*, joins Our Love for an exquisite unforgettable night. Come as we heal, love and grow.

STOP AIDS Project, 2128 15th Street @ Market Street

### Have We Got Our Backs?

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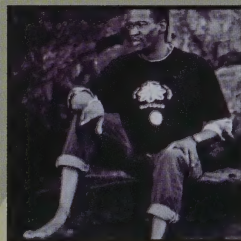
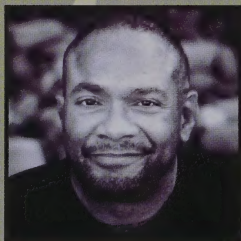
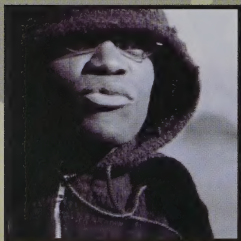
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# BLACK PRIDE the jump off

By Clarence J. Fluker

f

or the past five years during the summer months on at least one weekend of the season if you were looking for me, you could have easily found me at the jump off! For nearly two decades black lesbian, gay, bisexual and transgender people in the United States, and now around the world have gotten together and created a series of celebrations that typically take place in the summer months that make up what my friends and I simply refer to as "the circuit" and most others call Black Pride Season.

This year Los Angeles At the Beach will celebrate its fifteenth year, while DC in all her glory has proven that thirteen is a lucky number. From Chicago to New York, Boston to Philadelphia, St. Louis to Memphis, Jacksonville to Atlanta, Toronto to Cleveland, Oakland to Johannesburg,





## next generation

all across the world men and women of African descent are saying it loud, we are black gay and proud!

Official Black Pride events include workshops on health, lifestyle and education; receptions, cultural arts activities, festivals, picnics, marches and a host of other activities that work to build and sustain a healthy and inclusive community.

Black Prides work to encourage the coming together of all lesbians, gays, bisexuals, transgender people and allies of African descent from all age groups and every walk of life to celebrate and share the passion, pain, and power of loving and living with pride, and to build community. And with the emergence of promoters producing nightclub parties during the weekends of Black Prides, Black Pride celebrations have become the summertime jump off. As young people we must take full advantage of these times and utilize these weekends to be present, prepare ourselves and of course party and meet new people.

I have heard the question, "where are all the younger people?" too many times before. We exist in large numbers but too often we don't make our presence in the community known in many of the venues where we should be present. Pride after Pride I attend the workshops that most organizers develop, and absent are the faces of my peers. In the past in some cities, organizers have chosen to cut back the number of youth and young adult programming they produce during their Pride celebration because a large number of people didn't show up. Being present is a must, not just to learn from each other and share new ideas, or to fill empty seats in a room, but in order for us to be taken seriously by the community. We must show interest and actively engage in community building.

Being present is just the first step in preparing ourselves to take over when it is time for the torch to be passed to the next generation of community builders. We prepare ourselves to take over the roles of leaders by volunteering during Pride weekends and working with planning committees and host committees throughout the year. In order for the Black Pride movement to live on and thrive in the future, the information, processes and histories of them must be transferred to us by our elders as well as learned by us while actively participating.

And while Prides are fabulous affairs and tend to get even more fabulous each year with things such as additions to programming, headline entertainers and film festivals, what definitely contributes to making Black Prides the jump off are new people and the parties.

Part of the Pride experience is meeting new people some from your hometown and some folks who are just visiting. In larger cities the Pride celebrations attract literally tens of thousands of men and women, people who all share commonalities and differences and help create this beautiful and diverse body we call black gay culture. I have met some of my best friends during Pride celebrations, and had some of the most intriguing conversations with people who share a great number of my life experiences. It is a way to see that you are not alone and become connected with others in the community.

Prides are also places to party, and rightfully so. Living proudly as a person of color that identifies as a sexual minority in a white dominated heterosexist culture, we find ourselves living in a uniquely rich existence and existing in what often seems like two worlds while creating another one of our own. We have carved our own his/herstory, created our own traditions, lore, language, media and struggle to create a solid infrastructure for a community that continues to evolve. Black Pride's are indeed a time to celebrate our contributions, our shared community and ourselves.

If you have heard that Black Prides aren't worth going to, don't believe the hype. Go experience at least one for yourself. They are spaces to rejoice in the reality that we are strong in number; spaces to yell ashe and affirm our spirits, spaces to celebrate life and the Creator who created us in his perfect image, spaces to rejuvenate our commitment to community, spaces to come together as one.

Step outside your box and talk to people you wouldn't normally approach, both young and old. Attend a workshop or opening reception. Make yourself open for others to talk to you. Allow your mind and heart to expand to let in new knowledge and new people. Dance like you have never danced before. Simply have a good a time and take in the entire Pride experience for yourself.

As young adults, we must take advantage of these times and utilize these events to be present, making ourselves visible in a positive way, prepare ourselves for our roles as future leaders and community builders and like at any other festivity, meet and greet new people. This summer I will be attending several Black Prides and enjoying the company of my brothers and sisters. Over the next several months should you need to find me, east coast, west coast, worldwide --

I'll see you at the jump off!



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# René Marie





**T**he accolades keep coming for René Marie because she is true to herself and is grateful every day for the chance to sing for people. In December 1998, René finally resigned her day job at a bank in Richmond, Virginia, to pursue her singing dream fulltime. It was all at the urging of her brother who kept telling her, "Jump and the net will appear." This followed another brave move, leaving her husband of 23 years, because he told her not to sing anymore, not to record her first CD and threatened their marriage if she did. René's music had changed her and now it was changing her life in seemingly chaotic ways. How did she feel?

"Let me tell you, I walked out of that bank on that last day, and I felt like a ten-thousand watt bulb - powerful. I felt like a straight line - endless. Like a book with only blank pages - full of possibilities." The net appeared. Within two years, she finished her CD, heard herself on the radio, starred in a musical touring production, performed at Blues Alley in Washington, D.C. and was signed by MAXJAZZ. Her first two CDs, *How Can I Keep From Singing?* and *Vertigo*, topped the jazz charts and won AFIM (Association for Independent Music) Awards for Best Jazz & Cabaret Vocal. [Others nominated included Karrin Allyson, Jimmy Scott, Nnenna Freelon and Susannah McCorkle.] *How Can I?* was selected as one of the top five jazz albums of 2000 by SESAC (Society for Stage Authors and Composers), joining Tom Harrell, Stefan

Harris and Greg Osby as the best in their field. *Vertigo* was chosen the best jazz vocal CD of 2002 by JAZZTIMES and placed #9 in the UK's poll as best CD of 2002 in JAZZ REVIEW magazine.

Her 2nd CD also won France's Academie du Jazz award for Best International Vocal Album over submissions from Joni Mitchell and Cassandra Wilson. National Public Radio programs "All Things Considered" and "Jazz Set" featured René as one of the most innovative and exciting vocalists to come upon the jazz scene.

Much of the acclaim René has garnered comes from her stunning ability to bring stories to life through her singing. In addition, her melding of different musical styles, her compelling compositions and her electric live performances have entranced critics and audiences alike. On *How Can I Keep From Singing?*, she evoked real empathy and pain in her rendition of Nina Simone's "Four Women." On *Vertigo*, she stopped listeners in their tracks with her self-penned title track and her bold pairing of the confederate anthem "Dixie" with the anti-lynching lament "Strange Fruit." Like these CDs, *Live At Jazz Standard* is eclectic, full of emotional stories and vocal twists and turns. Unlike those CDs, this one captures the raw intensity and energy of René's dramatic live performances.

"Deed I Do" (Hirsch/Rose) swings fast and highlights René's distinctive vocalizing and scatting. With "Where or When" by Rodgers & Hart, René slows the pace and sweeps us into the story of estranged lovers. She follows with another Rodgers classic (this time with Hammerstein), "It Might As Well Be Spring,"

which she takes from a light march into a lilting rhythm. René pulls out the stops on "I Loves You Porgy," wringing the emotion and longing from the Gershwin standard. The second half of the CD begins with her inventive rendering of another favorite, "Nature Boy," by Ahbez Eden. Admired for her talent for matching unlikely songs, René pairs Ravel's "Bolero" - which she takes a cappella - with a seductive, marching version of Leonard Cohen's "Suzanne." The intense intimacy continues with her country-tinged composition, "Shelter In Your Arms." Then she has some fun with Gershwin's "A Foggy Day." She takes us from London to Paris with her second original on the disc, the scorching "Paris on Ponce," a tribute to a unique music venue in Atlanta, her new hometown. René closes the CD with a nod to her beginnings and to what compels her -- "How Can I Keep From Singing?," the Enya song featured on her first MAXJAZZ CD of the same name. On *Live At Jazz Standard*, René pays tribute to her long-touring live band of John Toomey, piano; Elias Bailey, bass; and Howard Curtis, III, drums.

Listening to this third fantastic recording from René Marie, it's clear she fully absorbed the music she listened to growing up: Maurice Ravel, Hank Williams, Harry Belafonte, Peter, Paul & Mary, the Beatles, Sly and the Family Stone, Roberta Flack, Nina Simone and James Brown. She takes their knowledge with her into her live performances, during which she is transformed from a soft-spoken woman into a self-possessed artist leading her band and owning her audience. René Marie is a formidable artist marching us into the future of jazz.



[www.maxjazz.com](http://www.maxjazz.com) | [www.renemarie.com](http://www.renemarie.com)





# The Value of Compounding



Denise L. Liggett

Every day you may hear or see the concept of compounding mentioned in many financial illustrations and advertisements. The compounded rate paid on savings accounts is old news! But what does "compounding" really mean and how can it benefit you as a savings and investment strategy?

Actually, compounding is the foundation upon which many well-known financial products are built. For example, *q* when you make a deposit in your savings account, *q* invest a percentage of your annual salary in your company's 401(k) plan, or *q* even when you make a premium payment on a cash value life insurance policy, you are taking advantage of compounding in its most basic form.

When you combine a regular savings structure, the power of compounding and the added advantage of income-tax deferral (for example in a pre-tax 401(k) salary deduction plan\*), you can gain even more. The longer these dollars have to earn tax-deferred interest, the potentially more total accumulated funds you can have earning interest over time.

Lets look at an illustration that shows more clearly the value of compounding. Let's suppose we start with Investor A age 35, Investor B age 45, and Investor C age 55, as shown in the chart. Each investor allocates \$2,000 at the beginning of each year until age 65, and leaves it to accumulate interest earnings until age 65. Their hypothetical annual earnings rate of 10% is compounded monthly. Clearly, even these relatively modest amounts, receiving a healthy annual hypothetical 10% return over time, show excellent results from the accumulating effects of earnings added onto the investment capital. Of course, individual investor results will vary.

Take a good look at the "earnings" portion of the chart. That shows the amount the initial investment earned over time, the money-adding-to-money effect of compounding. Investor A earned \$243,945 more interest than Investor B as the result of an extra 10 years of compounding. That's an amazing 198% — almost double the amount Investor B earned. And Investor B still didn't do badly, earning \$77,503 or 271% more in interest than Investor C earned, with an additional 10 years.

It's easy to see how time can potentially multiply even modest savings amounts as earnings accumulate with principal amounts.

While your own individual tax situation as well as your personal level of risk tolerance will determine your final investment choices and those investment decisions will directly affect your actual rate of return you should be giving some thought to the value of compounding. The old saying, "Time is on your side" is never truer than when used regarding the value of compounding.

\*Withdrawals will be taxed as ordinary income, and if made prior to age 59  $\frac{1}{2}$ , may be subject to a 10% federal penalty.





Denise L. Liggett 202-277-5835 <http://www.denise.liggett.myaxa-advisors.com>. Investment Advisory Representative of AXA Advisors, LLC (member NASD, SIPC). 3141 Fairview Park Dr #250 Falls Church, VA 22042. Insurance agent of AXA Network, LLC, an insurance brokerage affiliate, offering life insurance and annuities of The Equitable Life Assurance Society of the United States (New York, NY), an affiliated insurance company, and the insurance products of over 100 unaffiliated companies. This individual is an Investment Advisory Representative in MD, VA, DC, IL and NJ and is licensed to sell insurance products, and is registered to offer securities in these states. GE-23990 (06/02) (Exp. 06/04)

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## Take Part In The MACS!





the spirit reminds us



By Sundiata Alayé

“And then we see it. The movement of white- pants, dresses, scarves, gown, headdresses, suits, and shoes. Brothers and sisters draped in white in every design imaginable. From what I’ve heard, the metropolitan area stores have been stripped of anything white for weeks! I now understand why. I also understand why the busy people on the street have seemed to come to a complete stop to take in the magnificence of this sight – the spectacle and pageantry of a tribe being called home. There is significance in the air. There is a feeling of being a part of something special – important. And as we enter the building, I’m suddenly feeling sorry for anyone who couldn’t be here. I’m blessed to be here tonight, and I know it.”





In my October 2002 column, I introduced readers to the Ummah Endowment Fund; a grassroots organization in Washington, D.C. founded by Brother Rahim Briggs, and now run by chief executive officer and board chairman, Clyde Penn, and a host of talented and selfless board members and volunteers.

Nearly five years ago, Brother Rahim started throwing parties in the backyard of his home to celebrate his birthday. He soon realized what a gathering of Brothers and Sisters, dedicated as I am to his wonderful spirit, could mean for us all and began to charge Brothers a nominal entrance fee to those in attendance. He would then take the monies and donate them to an AIDS services organization serving people of color in the Washington metropolitan area. Recognizing the need and the inherent good this Brother was attempting to instill, I'd donate my own money to help offset the cost of providing such a loving avenue of change. Admittedly, I was not fully aware of the importance, nor of the significance, of what was happening, yet, I was compelled to do all that I could. I'm so glad I did.

As these parties grew larger and more popular over the years, something miraculous began to happen. The spirits touched this gentle and generous Brother, moved him and blessed him with the understanding that more could be done – that more needed to be done. Amazingly, the most simplistic idea shifted into a powerful vision that has set the stage for HIV and AIDS awareness, behavior modification, risk reduction, and philanthropy not often seen in many of the existing AIDS services organizations. Who knew that this simple idea would forever change the landscape of AIDS service organizations in the 21st century? Obviously, Rahim did, and so did the amazing cast of exceptional characters he gathered together to form what is now known as the Ummah Endowment Fund.

The Ummah Endowment Fund, whose message is "Be Tested, Be Treated, Be Healthy! Be Safe! Live!," got its official start two short years ago. That was when Rahim was prompted by the spirit to raise the stakes just a little higher. He sent out a call to the community of Brothers and Sisters who supported him through the years to now support his vision – his mission – his calling. He decided that his backyard barbeque, at which he requested his guest to adorn themselves in white, needed to be transformed into a full scale "White Attire

Affair", to not only raise monies for HIV/AIDS organizations targeting People of Color, but to also raise much needed awareness and collect us all to help us save ourselves; a different face, purpose and energy to address the personal, social, political, and cultural challenges of HIV and AIDS.

Humbled, kind, and deeply feeling, he realized that his vision of expanding a back yard birthday barbeque to a major fundraiser could only be accomplished through the combined talents and expertise of many of the wonderful Brothers and Sisters of our community whose talents sometimes lay wasted and unused. After all, having a dream is one thing, but interpreting the dream, executing it, and seeing it through to fruition requires genius of magnanimous proportion. The spirit led him to his friend, and mine, Brother Clyde Penn, who graciously accepted Rahim's offer to facilitate meetings of the volunteers Rahim had gathered. Clyde soon recognized that facilitation wasn't nearly enough and volunteered to chair the event, which turned out to be a phenomenal event and a phenomenal success.

I still marvel at the idea that they actually did it. From the backyard to the roof top of the Warner Theatre building in downtown Washington, D.C., with over 800 guest, all adorned in white. A VIP reception reminiscent of the days of old where champagne flowed, and live music – life music – played against the soulful, healing voice of Ledisi buoyant on the wind, to the downstairs lobby of the building that had been transformed into a new age discothèque where attendees ate and danced the night away. It was an amazing night of love, healing, selflessness and transformation, for many countless lives were forever touched that night, both those who were in attendance and those who were not.

The results; the organization benefited from \$10,000 in cash, over \$4,000 in products, including memberships to free memberships to a local gym for HIV positive clients, and tickets to local basketball games. More importantly, these Brothers and Sisters saw that simply placing money into the hands of organizations supporting us would do little good if these organizations did not have an infrastructure of various components to support the needs of the community. For that reason, they pledged over \$25,000 in consulting services to include fundraising, organizational development, strategic planning, and other technical support that makes organizations and companies alike successful. The Brothers and Sisters who helped pull off the impossible showed that nothing's impossible when God is involved.

It was right on time! AIDS services organizations today, particularly





## the spirit reminds us

those serving People of Color, are met with a multitude of challenges; funding cuts, ineffective leadership and management, and more competition for grant dollars. They're also faced with the challenge of bringing the message of self-preservation to the hearts and minds of the Black community, especially same gender loving Men of Color, who are hardest hit by the AIDS epidemic. We are now beginning to see the effects that these challenges are having on community based organizations, some of which are collapsing in on themselves, and we are beginning to realize just how ineffective the messages of prevention and education have become. Our numbers have never slowed down, peaked, or decreased. Instead, they continue to rise seemingly out of control. Local governments, and Congress are carefully reviewing dollars spent on HIV prevention and education and looking for ways to divert these monies away from community based organizations. Of greater concern is that this administration is looking to place more of these already limited funds into the hands of faith-based organizations. We may all be in for a rude awakening.

But Ummah's here, and just in the nick of time. Following the success of the White Attire Affair and a board retreat to sort out the details of the direction of the White Attire Affair, Rahim and Clyde were delivered an important new revelation; to officially launch the organization. In this moment they all knew the need was greater than they ever imagined, and a fundraiser while admirable, would never be able to alone address long standing wounds of the community. In Ummah, we've witness the birth and growth of one of the most amazing non-profit organizations I've had the privilege to be associated with. We need it, we do it for many reasons, and we need it for the lessons we are learning from Ummah and the challenge they've placed in our faces to do better – with and in our lives – to reach one Holy conclusion: our lives are to be used in the service of others.

The challenges our community faces with HIV and AIDS is more than a call to action. It is a call to love! My experience in working in the HIV and AIDS arena has taught me very valuable lessons. One of the most important lessons I learned is that "agencies" cannot provide for the needs of people, nor should they be relied upon to do so. And while agencies cannot open the kinds of doors that need to be opened to expose and heal our collective wounds, our love can. In love we trace our source to the Creator and see the Spirit as our common denominator. You see, we are all like spokes on a wheel; though we branch out in different directions, we radiate from the same source. That source is God's – the love from which we were created.

I have also witnessed in my time on the set that providing services and being the recipient of services has the potential to be demoralizing and spiritually dangerous, both for the one who gives and for the one who receives. Quite often what happens is that a dependency and resentment, subtle and mutual, begins to develop. While service is organized, efficient, goal oriented, predictable, and limited, love is spontaneous, effective, person oriented, unpredictable and limitless. Service is about doing. Love is about being. It's all about love, love of God, love of self, and love for all others.

The conspiracy Ummah has unveiled, and subsequently defeats, in their mission and vision is that services are rendered from a position of authority down to a lower level of need, whereas friendships move laterally. They've recognized that the only way to effect change is to remove the invisible barriers we confront as a community of Black folks to absolutely live with the belief that we can be friends – we can love one another – without superior and inferior positioning. There is no dangerous position of power in the philosophy of Ummah. No one is "great big" and no one is "little or insignificant". They see that we are all just "medium", "just right" – the right size with each other and with God.

The Spirit Reminds Us that there are no levels of love. How much time, how much courage, how much recourse we perceive we have dictates the measure to which we give of ourselves. When we see ourselves as small and insignificant, unable to affect change, we defeat our purpose for being here; to love and heal one another. Yet, we are all called into love. This we can give often and freely, no matter how poor we believe we are, no matter how much we believe we can't contribute, and no matter how insignificant we believe our contribution is. In Rahim, Clyde, Garrick, Shaun, and all the wonderful Brothers and Sisters who volunteer their time, energy, and talent for the common good of us all – we find love shared equally, freely, and without limits, where each and everyone gives and each and everyone receives. We are all blessed by this powerful combination. So, So Blessed.

I'm proud of you, Ummah. I salute you and I celebrate you. I'm proud that you are speaking for the voiceless, and redefining how we look at ourselves to heal and face our wounds head on. I'm proud of you for providing a safe space for us, and for showing your faces, beautiful and proud, for those who cannot come forward. I'm proud of you for recognizing that to whom much has been given, much more will be required. Mostly though, I'm proud of you for knowing that you give what you can and believe that what you have to give is exactly what is needed!



the spirit reminds us



I'm so very proud of you, Brothers and Sisters of Ummah for seeing this. You will never know just how much!

And so my designers have been put on alert and are now in stiff competition to dress me for the Ummah Endowment Fund's 2003 White Attire Affair, Mask-N-White to be held Saturday, July 19, 2003, in the atrium of the Ronald Regan Building and International Trade Center, in Downtown Washington, D.C., A capacity crowd of over 1500 guests are expected for a night filled with live entertainment, dancing, celebration, awareness, healing, newness, and love. Most especially, love. I wouldn't miss it for the world. I wish you wouldn't either.

As you make your plans for the Pride season and all it's festivities, I encourage you to make Mask-N-White a "must do" event. All proceeds

from this year's event, just like last year's, will be donated in the form of grants to HIV/AIDS organizations serving People of Color, and because Ummah is a non-profit organization, your donations and contributions are tax deductible. Look for the Mask-N-White publicity tour coming to New York, Philadelphia, Washington, D.C., Baltimore, and Atlanta this month. You can also find more information about Ummah and information about the event at [www.ummahfund.org](http://www.ummahfund.org), or call up Brother Clyde Penn at (202) 462-7209, both you and he will be glad you did.

*Donate, sponsor the event, or attend. Do what you can, but do something. My solemn promise is that you will be forever changed. You have my word on it!*

See you there!

Peace, Blessings, Light, Love: Sundiata Najja Alayé

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By Dr. David Malebranche

I was hit hard by the news that Luther Vandross had suffered a stroke in April of this year. One of the most beloved singers of our time, how could this man in his 50s be cut down so quickly while his career is still going strong. Two weeks after the stroke, his doctors say he has yet to awaken or show signs of responsiveness. By the time this column is printed, we all will know how much Luther will recover from his stroke, but now seems like as good a time as any to address this topic.

## What is a stroke?

A stroke occurs when the blood supply to the brain is interrupted or blocked for any reason, and the results can range from mild to deadly.

There are three basic kinds of stroke:

1. Ischemic stroke: "ischemia" just means a loss of blood flow and oxygen to tissue, and this type of stroke is caused by a clot that forms either in a blood vessel in the brain itself, or travels from the heart or the carotid artery (neck blood vessel) to the brain and gets lodged there.

2. Transient Ischemic Attack (TIA): commonly called "mini-strokes," these are temporary decreases of blood flow to an area of the brain for usually less than 15 minutes. These are signs of a larger stroke coming, so take them seriously if they occur.

3. Hemorrhagic stroke: this occurs when a brain blood vessel balloons out (aneurysm) and ruptures, or becomes weakened and leaks blood, which not only causes the brain to lose oxygen, but can also cause a fatal buildup of pressure in the brain.

## Risk Factors

Risk Factors for stroke that you can change:

- smoking
- high cholesterol
- physical inactivity
- obesity
- heavy alcohol use
- cocaine use

Diseases that will increase your stroke risk if you don't treat them properly:

- high blood pressure
- diabetes
- coronary artery disease (plaques in the arteries of the heart that cause heart attacks)
- irregular heart rhythms

Risk factors for stroke that you can't change:

- Age – stroke risk doubles every decade you are over 55
- Race – Blacks and Latinos have a higher risk, but this is likely to a number of other factors other than our genes
- Sex – strokes are more common in men than women
- Family History – risk for stroke is 4 times greater if a parent, brother or sister has had a stroke of any kind.
- Prior history of TIA or stroke.

## What are the symptoms of a stroke?

Call 911 or get to a hospital immediately if you notice the sudden symptoms like:

- Numbness, weakness, or inability to move your face, arm or leg, especially on one side of the body
- Trouble seeing in one or both eyes
- Confusion, such as trouble speaking or understanding
- Trouble walking, dizziness, loss of balance or coordination
- Severe headache with no known cause.
- Loss of vision like a shade is being pulled over one eye (common symptom of a TIA)





If you have an ischemic stroke that is caused by a blood clot, seeing a doctor within 3 hours of when you first notice symptoms is critical, as you can receive special medication (clot busters) that will dissolve the clot and improve your chances of recovery.

### How is a stroke treated?

Physicians will order a CAT scan (CT) or magnetic resonance imaging (MRI) of your brain to see if you have had a stroke.

If you have, these are the treatments available:

1. t-PA (tissue plasminogen activator) – this medication can be given to treat blood clots that cause strokes. They must be given within 3 hours of the start of symptoms to be effective. Can cause bleeding in some patients.
2. Anti-platelet medications – platelets are the blood cells that cause clots. Medications like Aspirin, Ticlopidine, Aggrenox or Clopidogrel can be taken within 48 hours of a stroke and reduce risk of death and risk of another stroke. They block the action of platelets and thin the blood to decrease stroke risk.
3. Anticoagulants – this class of drugs prevents the production of proteins by the liver that help the blood to clot normally – they are also blood thinners but more powerful than the anti-platelet medications. Heparin and Coumadin are the main ones used to treat strokes. Heparin is quicker acting and is given through the vein in the hospital. Coumadin is a pill that takes longer to act, but lasts longer in the body than heparin does.
4. Surgery – for a stroke suffered from a ruptured blood vessel or a bleed, surgery to repair the blood vessel and decrease the pressure on the brain is necessary.

These are the treatments for acute stroke. After someone has suffered a stroke, they may need the following:

- Physical rehabilitation
- Further treatment for high blood pressure, diabetes and high cholesterol
- Treatment for depression

### Stroke Prevention

Your risk of suffering a stroke can be decreased by addressing the factors that are in your control:

1. Take an aspirin a day if you have heart disease or have other risk factors
2. Watch diet or take medications for high cholesterol
3. Have regular medical follow-ups for high blood pressure and treat if needed
4. Quit smoking
5. Quit alcohol use
6. Quit cocaine use
7. Get regular exercise

### More information

As always, you can get more information from the following sources:

- On the internet through WebMD or another health information service
- National Stroke Association – 1-800-STROKES or [www.stroke.org](http://www.stroke.org)
- American Stroke Association – 1-888-4-STROKE or [www.strokeassociation.org](http://www.strokeassociation.org)
- Family Care Giver Alliance – 1-415-434-3388 or [www.caregiver.org](http://www.caregiver.org)

*The unfortunate reality of our investment in our own health is that it often takes the example of a family, loved one or celebrity to open our eyes to the reality of what can happen. You may not be able to control all the risk factors for having a stroke, but we do have a say in some of them, so do what you can. And let's all keep Luther Vandross in our thoughts and prayers.*



# Solano County MSM Hotline

designed by Nawawa for Arise Communications

## **Resources for Men who have sex with Men**

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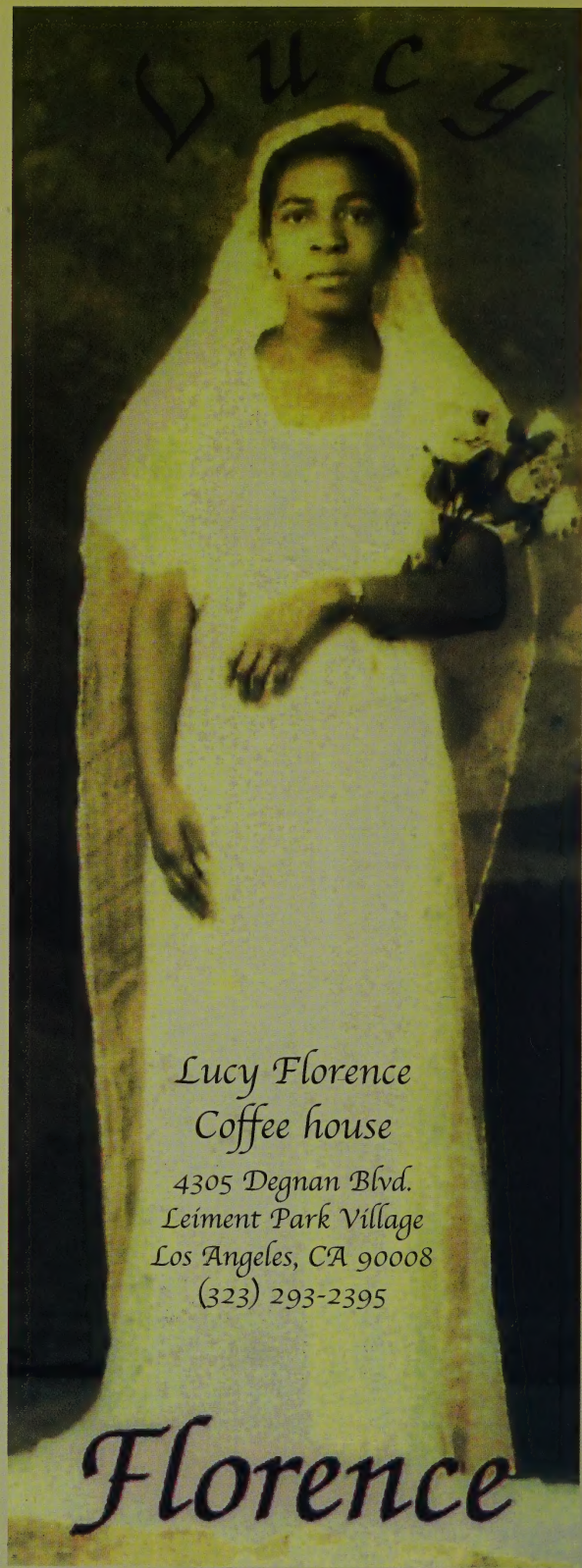
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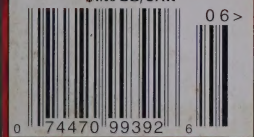
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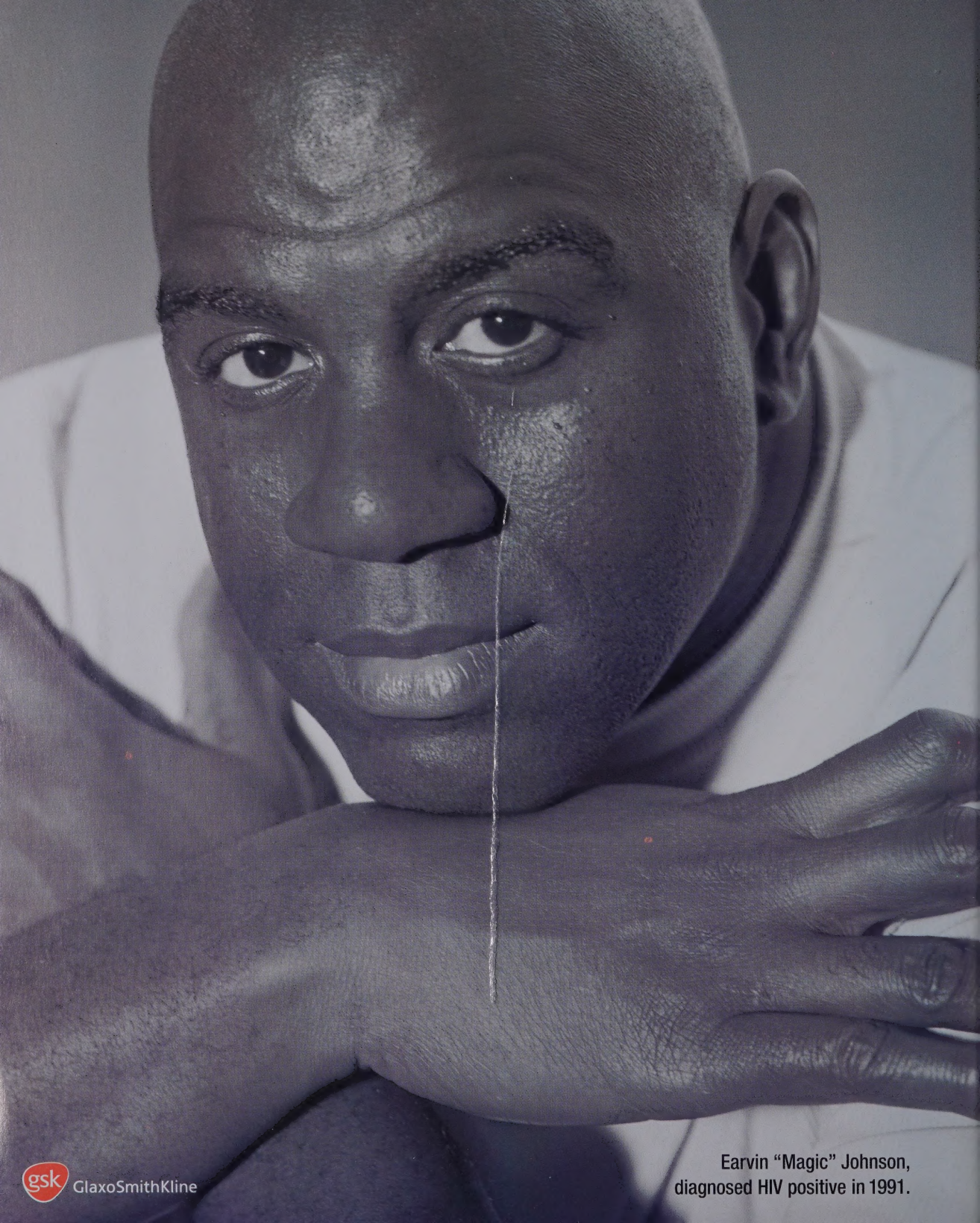
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Earvin "Magic" Johnson,  
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**COMBIVIR does not cure HIV infection/AIDS or prevent passing HIV to others.**

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COMBIVIR is a prescription product for HIV and contains two medicines proven to help people with HIV live longer, healthier lives. COMBIVIR is one tablet, taken twice a day, with or without food. COMBIVIR is used in more patients and more major combination studies than any other HIV therapy.

### **Safety Information**

- Make sure to see your doctor regularly because serious side effects can occur, such as muscle damage and a decrease in red and white blood cells
- A buildup of lactic acid in the blood and an enlarged liver, including fatal cases, have been reported
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## Patient Information about COMBIVIR Tablets

for HIV (Human Immunodeficiency Virus) Infection  
Generic name: lamivudine/zidovudine tablets

*Please read this information before you start taking COMBIVIR. Staying informed will help you to work more closely with your doctor and healthcare team to determine what is best for you. Remember, this information does not take the place of careful discussion with your doctor. You should remain under a doctor's care when using COMBIVIR and should not change or stop treatment without first talking with your doctor.*

### What is COMBIVIR?

COMBIVIR is the brand name of a tablet that combines EPIVIR® Tablets (lamivudine tablets) [3TC] and RETROVIR® (zidovudine) Tablets [ZDV], two drugs which are used to treat HIV (human immunodeficiency virus). HIV is the virus that causes AIDS (acquired immune deficiency syndrome).

### How does COMBIVIR work?

COMBIVIR is a combination of lamivudine (la-MIV-u-deen) and zidovudine (Zi-DOHV-u-deen), two medicines (nucleoside analogues) that slow down the replication of the HIV virus. This can reduce the virus' ability to infect new cells. It may help lower the amount of HIV in your body (called "viral load") and raise your CD4 (T) cell count. Lamivudine plus zidovudine when used together can have stronger (synergistic) effects against the virus. COMBIVIR is a convenient way of taking lamivudine and zidovudine. COMBIVIR should usually be taken with other anti-HIV therapy.

### Will COMBIVIR work the same as EPIVIR and RETROVIR taken together?

Taking one COMBIVIR Tablet twice a day is the same as taking one EPIVIR 150 mg Tablet twice a day and either two RETROVIR 100 mg Capsules three times a day or one RETROVIR 300 mg Tablet twice a day.

### How should I take COMBIVIR?

Take COMBIVIR as your doctor prescribes it. The recommended dose is one COMBIVIR Tablet orally two times a day, with or without food. To help make sure you will benefit from COMBIVIR, you must not skip doses or take "drug holidays."

### What should I do if I miss a dose of COMBIVIR?

If you miss a dose by more than 4 hours, wait and then take the next dose at the regularly scheduled time. However, if you miss a dose by less than 4 hours, take your missed dose immediately. Then take your next dose at the regularly scheduled time. Do not take more or less than your prescribed dose of COMBIVIR at any one time.

### Does COMBIVIR cure HIV infection or AIDS?

No, there is not a cure for HIV infection or AIDS. People taking COMBIVIR may still develop infections or other illnesses associated with HIV. Because of this, it is very important to remain under the care of a healthcare provider. Use of lamivudine plus zidovudine has been shown to help patients with HIV infection stay healthy and live longer.

### Does COMBIVIR reduce the risk of passing HIV to others?

No, COMBIVIR, as well as other HIV medications, has not been shown to reduce the risk of passing HIV to others through sexual contact or blood contamination.

### Who should not take COMBIVIR?

You should not take COMBIVIR if you have had a serious allergic reaction to either lamivudine (also known as EPIVIR or 3TC) or zidovudine (also known as RETROVIR or ZDV).

Do not take COMBIVIR at the same time as EPIVIR or RETROVIR, or TRIZIVIR® (abacavir sulfate/lamivudine/zidovudine), because they also contain lamivudine and zidovudine.

Individual dosing with EPIVIR plus RETROVIR, rather than COMBIVIR, should be considered for:

- A child under 12 years of age.
- Anyone who requires dosage adjustments due to drug side effects or poor kidney function.

If you are 65 years of age or over, consult your healthcare professional about the functioning of your liver, kidneys, and heart; about other illnesses you may suffer from, and about any other medications you may be taking. It is possible that the dosage may need to be modified.

### What medical problems or conditions should I discuss with my healthcare provider?

Talk to your healthcare provider if:

- You are pregnant or if you become pregnant while taking COMBIVIR. Ask your doctor about enrolling you in the Antiretroviral Pregnancy Registry: 1-800-258-4263.
- You are breast-feeding. Mothers infected with HIV should not breast-feed their infants because HIV is present in breast milk.

Also talk to your doctor about:

- Problems with your blood counts.
- Problems with your muscles.
- Problems with your kidneys.
- Problems with your liver, especially if you have mild or moderate liver disease, such as hepatitis.

### Can COMBIVIR be taken with other medications?

Yes. COMBIVIR can be taken with most other medications, including most anti-HIV drugs. Be sure to tell your doctor about all medications, over-the-counter or prescription, that you are taking.

### What are the possible side effects of COMBIVIR?

Do not rely on this summary alone for information about side effects. Your healthcare provider can discuss with you a more complete list of side effects that may be relevant to you.

The safety of COMBIVIR is not expected to be different from the safety of EPIVIR and RETROVIR given separately.

In clinical studies of lamivudine plus zidovudine, side effects occurring in 5% or more of patients included: muscle and joint pain, headache, nausea, weakness and fatigue, nasal symptoms, cough, diarrhea, nausea and vomiting, neuropathy, trouble sleeping, fever or chills, loss of appetite, dizziness, abdominal pain or cramps, depression, skin rashes, and indigestion.

It's important to know that serious side effects can occur with COMBIVIR, such as a decrease in red and white blood cells and muscle damage. A buildup of lactic acid and an enlarged liver, including fatal cases, have been reported rarely with some HIV drugs, including nucleoside analogues.

For HIV-infected individuals, periodic blood tests are recommended. If certain changes occur in your laboratory results while you are taking COMBIVIR, particularly if you become anemic or if your white blood cell count falls too low, your medication may need to be adjusted; your doctor may prescribe EPIVIR plus RETROVIR separately in place of COMBIVIR.

Tell your doctor promptly about any side effects or other unusual symptoms you may experience. Although it may make you healthier, COMBIVIR does not cure HIV.

### Safety Information

**Make sure to see your doctor regularly, because serious side effects can occur, such as muscle damage and a decrease in red and white blood cells. A buildup of acid in the blood, and an enlarged liver, including fatal cases, have been seen. The most frequent side effects are headache, upset stomach, malaise or fatigue, and runny nose.**

### Other Information

**This medication is prescribed for a particular condition. Do not use it for any other condition or give it to anybody else. Keep COMBIVIR and all medicines out of the reach of children.**

Like most prescription drugs, lamivudine and zidovudine were required to be tested on animals before they were allowed for human use. In animal studies with doses much higher than those used in humans, zidovudine was associated with vaginal tumors. Your healthcare provider can tell you more about how drugs are tested on animals and what the results of these tests may mean about safety for you.

### How should I store COMBIVIR Tablets?

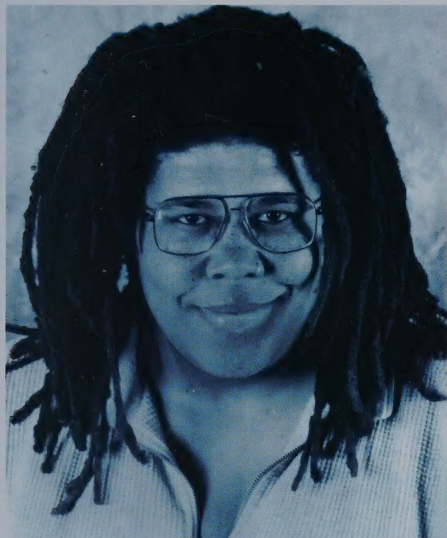
COMBIVIR Tablets may be stored at room temperature and do not require refrigeration.

 GlaxoSmithKline

GlaxoSmithKline  
Research Triangle Park, NC 27709

*This provides a summary of information about COMBIVIR. If you have any questions or concerns about COMBIVIR or HIV, talk to your healthcare provider.*





The month of June brings us Flag Day, Father's Day, and Summer Solstice, the official beginning of summer. Arise celebrates Lesbian, Gay, Bisexual, Transgender and Questioning Pride. June is also the month of Pride celebrations, more than 50 world wide in cities from Albany, New York, to Zurich, Switzerland. Pride Celebrations in 2003 will occur in 24 countries on 6 continents. ([www.interpride.org](http://www.interpride.org)).

In 2003, as in all the years preceding, Queer folks are targeted and queer folks of African descent are double targets. One recent hate crime that did not receive much publicity was that of 15-year old Sakia Gunn of Newark who was stabbed to death on May 11th. She was first approached by two men who made sexual advances. When she told the harassers that she was a lesbian, they attacked her and stabbed her to death. Hate crimes against queers of color abound.

But there are those of us who still choose to celebrate our lives during and beyond Pride month. Arise honors that tradition, and in addition to our usual departments in art, style, travel, entertainment, and people, we focus on our celebrations of pride.

Highlights of Arise features include an exclusive interview by Brent Dorian Carpenter with two presidents of Black Gay Prides: Earl Fowlkes of DC Pride, the oldest and largest; and Johnny Jenkins, president of Detroit Pride.

Kisha "Nomvuyo" Montgomery examines the roots of rape in South Africa. She starts with the rape of then 9 month old Baby Tshepang by six men and follows their arrest, charge, and fate.

James Knox honors our late "High Priestess of Soul" Nina Simone.

Tim'm West does a personal commentary of gay black identity and masculinity in "Deconstructing Banjee Realness"

Herukhuti writes about "Building Community, Building Ourselves: The Many Faces of Pride" by examining what we have to be proud about and how we can nurture the reasons for our pride.

Jean Pierre Campbell discusses the phenomenon of "passing" racially, not in terms of sexual identity or gender identity.

AnuRa, a queer transgender womb-man of African descent speaks about living at the intersection of gender.

And as usual we have our departments on men's health, next generation, music, spirituality, money and others.

The war in Iraq is allegedly over, but how does one know when the war is over? Have the troops returned home? Are the economic tolls lessened? Are lives still being lost? What is the role of the United States government in the Iraqi regime? And what is happening closer to home? A report issued by the Children's Defense Fund reported a record number of Black kids living in extreme poverty. And you best believe that queer black kids are among those numbers.

Let us continue to live with pride in June and beyond. And as always, be safe, know your HIV status, get tested, regardless of how you identify or how those with whom you are being sexual with identify.

It does begin with you,

*Akilah Monifa*

Akilah Monifa  
Managing Editor



where more than just  
cherry blossoms come out



## washington, dc

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# ARISE

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National Advertising Representative  
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ARISE Magazine is published by ARISE Communications, Inc.,  
1533 41st Street, Sacramento, CA 95819. Founded in 2000.

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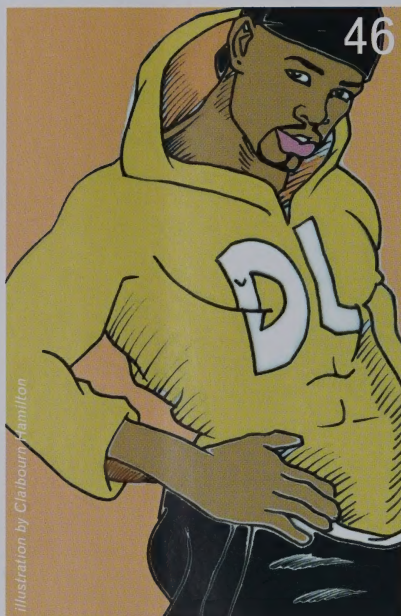
Gye Nyame is an Akan symbol that represents the omnipotence and the omnipresence of God and originates from Ghana, West Africa. ARISE Magazine embraces Gye Nyame to affirm the inherent spiritual nature of all African descended diverse people. While we acknowledge and honor the bountiful expression of our individual spiritual beliefs, Gye Nyame is offered as an articulation of our totality and collective strength to effect positive change.





# pride

June 2003 - V3 Issue 5



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# A BLACK GAY MEN'S CALL TO ACTION

**M**ore than two decades have passed since the HIV/AIDS pandemic emerged. Despite advancements in other communities, the virus's progression among Black people continues to quicken.

As a group of professional Black gay men, we call on our community to join us in the fight to rid our community of this devastating disease. We come together from all walks of life to search for and implement solutions. We are elected officials and public servants. We are leaders in the world of music. We are businessmen, lawyers, artists, entertainment and media executives, and scientists. Despite our varied areas of expertise, our strength is our common vision. We are Black men who refuse to remain silent while Black people account for over half of all new HIV infections every year in the United States.

Our community must recognize that this is a state of emergency. We must each speak openly about living with HIV—whether or not we are infected, we are all affected. It is our collective responsibility to be informed and responsible.

- We must protect ourselves and our partners from the virus' continued spread.
- We must teach each other about HIV and AIDS and recognize that this is a preventable and treatable disease.
- We must get tested and encourage our partners, family and friends to do the same.
- If we are positive, we must get into treatment.
- And, we must demand that we as a Black community call upon our own resources and our government to take appropriate and targeted action to combat the epidemic in our communities.

Perhaps most crucially, we must engage every part of the Black community in a coordinated effort to turn the tide. It is time for us to reject the paralyzing denial, stigma and homophobia promoted by a few lone voices. We must confront the socio-economic conditions that cause people to do drugs and exchange needles; challenge the lack of affordable medicine and treatment options available to many of us; dispel the myths and misinformation circulating in our communities; and alleviate the myriad of issues that contribute to the spread of AIDS in Black communities today.

We are calling on every Black organization in America to add HIV/AIDS to its agenda. And we are asking every Black man, woman, and child to make a personal commitment to fight against HIV/AIDS in our communities.

Finally, it is time for Black gay men to stand up and be counted. In order to participate in the healing of our community we must first heal ourselves. So we are joining together as one voice, one body, and under one spirit of love. It is through this union that our healing can begin. And so we invite our mothers, fathers, brothers and sisters to join us in a partnership to end this pandemic. Only through coming together can we end the plague sweeping through all quarters of Black America. The power to save our lives ultimately lies in our own hands!

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Keith Boykin, Esq. lecturer and writer,  
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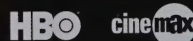
David Malebranche, MD, MPH, Emory  
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The Honorable Ken Reeves, City Council Member, Cambridge

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Pilgrim S. Spikes, PhD, MPH, Researcher, Atlanta

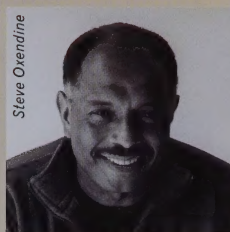
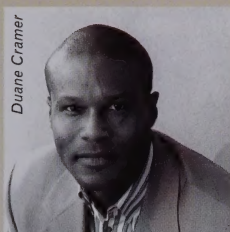
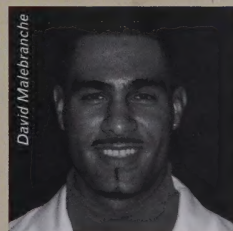
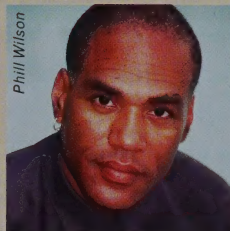
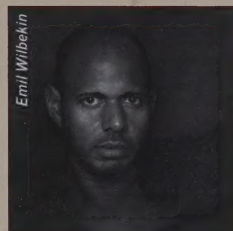
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Steve Wakefield, HIV Vaccine Trials Network\*, Seattle

Nathan Williams Esq., Grooms & Williams, PLLC, New York

Phill Wilson, Black AIDS Institute, Los Angeles

Kai Wright, Journalist, New York



# PRESIDENTS OF PRIDE

By Brent Dorian Carpenter



Earl Fowlkes, President DC Pride

In the expanding world of Black Gay Prides, two figures tower above the rest. Both of them represent two of the longest-serving Presidents of their respective organizations, and each has ushered their groups through tumultuous times and remarkable growth and accomplishments. Their names are synonymous with the Pride movements in their cities. Both are stepping down after this summer's events to focus on new challenges.

When he is not directing the activities of DC Black Gay Pride, Earl Fowlkes, 47, is the Executive Director of Damien Ministries, Inc., a faith-based HIV/AIDS service provider with a mission of serving the "poorest of the poor" living with HIV/AIDS. Originally from Philadelphia, he has been DC Pride president for six years and on the board for seven.

Johnny Jenkins, nicknamed JY, is a 34-year old native Detroiter who co-founded Detroit Black Gay Pride in 1996. In his alternate identity, he is the Creative Director of NoirAmerica, a multi-media project where he gets to express himself through poetry, art and graphic design.

The two Presidents of Pride sat down recently with freelance writer Brent Carpenter for an exclusive interview with Arise Magazine.



**Earl, tell me a little bit about your background.**

I worked in corporate America before getting involved in the health field. I got involved in AIDS while living in NYC in the 1980s and saw so many of my friends of color dying while people were saying the communities of color were not affected by this disease. I felt I had to do something and I started volunteering for several fledgling AIDS organizations.

**DC Pride is the oldest and largest of the Prides. What do you attribute to the success?**

I think DC's success has a lot to do with how the event started. People were coming to DC to party long before Black Pride, so we always had the consumer base. I believe that the organization has always had the ability to appeal to a broad cross section of the Black LGBT community and offer things other than parties (e.g. workshops, the Black Pride Festival at the new Washington Convention Center). I think our event is something that people can be proud of, especially since the Festival is the largest gathering of Black LGBT in the world.

**What should we expect from DC Pride this year? Anything new and/or different?**

We will be doing the staging and the dance tent a little different this year and I think that everyone will like what they see. The Spoken Word Slam will also be at the convention center on Sunday as well. Last year, the Spoken Word was so successful on Saturday at the Renaissance that we wanted to bring more people to the event by including it with the Festival. We are also doing a party at the Nation, which is one of the largest clubs in the city, and we are working with almost all club owners and promoters who will be here over the weekend to make this a great time for everyone.

**Same question for JY. Anything new and/or different?**

We are integrating increased political overtones into our overall effort. Changes to the picnic and festival are being discussed in our bi-weekly Community Forums. The Genesis Summit will include some very provocative workshops as well. Outside of the annual celebration, we are coordinating a community-wide effort with Affirmations, Triangle Foundation [outreach organizations] and the Gill Foundation to develop a civil participation project. It will be supported with a broad-based media campaign to encourage more awareness about the political environment here in Southeast Michigan.

**There was a shakeup on the DBG Pride board after last year's event. How are the new board members shaping up so far?**

Well, I always have very high expectations of people. I expect this board to step up and provide leadership and vision with each challenge. So, with that said, the entire board is a "work in progress," myself included. I have no doubt that they are a committed group of people, destined to do great grassroots work.

**The International Federation of Black Prides is holding its first conference in South Africa at the end of this year. Earl is the head of that effort. Tell me about that and talk specifically about that unprecedented Pride movement over there.**

The IFBP is co-sponsoring the event along with South Africa Black Pride. The International Conference of Lesbians, Gays, Bisexuals and Transgender People of African Descent, Imbizo, on October 27-30, 2003. The mission of this historic conference is to bring lesbian, gay, bisexual and transgender people of African



descent from across the world together to share thoughts, ideas and information, on three broad subject categories—health, politics and culture—as they relate to the global community of LGBT persons of African descent. The theme of the conference is Imbizo, a Xhosa word that refers to a meeting of elders. I am one of the co-chairs with Andile Vinjiwe, South Africa Black Pride president being the other.

South Africa Black Pride has been around for about five years and I was there last year. The Black LGBT community in South Africa is really starting to mature, especially as they deal with the AIDS pandemic there, much the way our community grew as a result of dealing with AIDS in the US. South Africa is dealing with so many issues in the post-apartheid era, including employment, economics, racism, sexism, housing, etc. Unemployment is over 65% for blacks and this has an impact on how much energy people can spend on gay issues.

**JY, you have been named a regional vice-president of the IFBP for the Midwest. What are your responsibilities?**

In a nutshell, my position is to nurture a sense of community on a regional level. Encourage folk to communicate and network across geographical boundaries. Since my focus is the Midwest, I will be accessible to other black pride organizers from Chicago, Cleveland, St. Louis, Milwaukee, Minneapolis and other mid-western areas. Currently, I am planning our first IFBP-Midwest Regional meeting during Windy City Pride in Chicago this summer.

**Many have high hopes that the IFBP will step up to the plate and fill in the void created by the collapse of the National Black Lesbian & Gay Leadership Forum, which DBG Pride hosted last summer. Any comments about that, Earl?**

I was saddened by the collapse of a once-

promising organization in our community. I think that the IFBP will fill in some of the void as we continue to define our mission and strengthen the individual prides. The IFBP will only be as strong as our individual Black Prides and there is a desire to address health, economic and political issues in our respective communities, regionally and nationwide.

**Speaking of health issues, DC Pride is tackling the thorny issue of sex parties this year. Elaborate.**

Sex parties have become a major problem for pride events, especially in our host hotels. The real tragedy is that we have a public health crisis called AIDS, which continues to kill black gay men. Sex parties are part of the health crisis and there is no place for them in any of our Black Prides. We recently agreed on a statement defining who we are and stating quite plainly that sex parties are not part of Black Pride. We will be moving aggressively against sex parties in our host hotel.

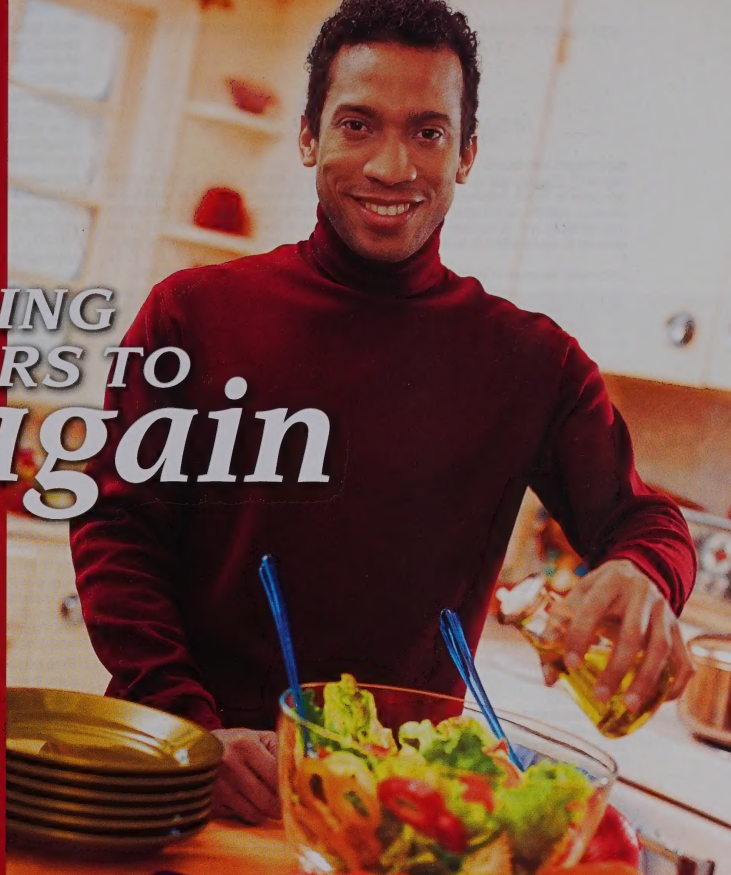
**JY, what effect has DBG Pride had on Detroit's Gay community?**

A profound effect. In Detroit, it has provided us with visibility. By using it as a vehicle to mobilize ourselves, we have created alliances with local politicians, as well as other traditional black and LGBT institutions. Few people realize how important it is for the traditional powerbase, especially in a working class city such as Detroit, to have a black face to give the cause credibility. It's hard for our black leaders to deny us when we look like a cousin, uncle, brother, or sister from the family. Our black families have gotten away with keeping us closeted because we let them. During the last election I realized that a little courage within our conviction makes it difficult for them to deny us. If you are comfortable within your own skin, they have no choice but to either respect you or expose their own insecurities. That's what I believe pride is about: awareness.

*continues on page 80*



# *I'm* DOING WHAT MATTERS TO *me again*



*HIV+ and no energy to do the things you used to do?  
You may have anemia – a serious health concern.*

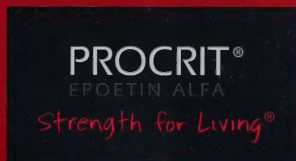
Over half of all people who are being treated for HIV are taking medications that include AZT. These medications can reduce the number of red blood cells in your body and cause anemia, which can make you feel tired and weak. Don't just ignore it or try to live with it. PROCIT increases the production of red blood cells. More red blood cells can mean more energy.

**If you think anemia is stopping you from doing what matters to you, talk to your doctor.**

Write down anything you might like to talk about beforehand, and ask your questions at the beginning of your appointment. Be specific about how tiredness is affecting you. Example: "I used to be able to have a few friends over for dinner. Now, I can't." This is more specific than "I'm tired all the time."

**Ask about your red blood cell count, and if PROCIT is right for you.**

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FOR ANEMIA INDUCED BY AZT-CONTAINING  
REGIMENS IN HIV PATIENTS

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**PROCRIT®  
EPOETIN ALFA  
For Injection**

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## INDICATIONS AND USAGE

**PROCRIT®** (Epoetin alfa) is indicated for the treatment of anemia related to therapy with zidovudine in human immunodeficiency virus (HIV)-infected patients. PROCRIT is indicated to elevate or maintain the red blood cell level [as manifested by the hematocrit (HCT) or hemoglobin determinations] and to decrease the need for transfusions in these patients. PROCRIT is not indicated for the treatment of anemia in HIV-infected patients due to other factors such as iron or folate deficiency, hemolysis or gastrointestinal bleeding, which should be managed appropriately.

PROCRIT, at a dose of 100 U/kg 3 times per week (TIW), is effective in decreasing the transfusion requirement and increasing the red blood cell level of anemic, HIV-infected patients treated with zidovudine, when the endogenous serum erythropoietin level is  $\leq 500$  mU/mL and when patients are receiving a dose of zidovudine  $\leq 4200$  mg/week.

## CONTRAINDICATIONS

PROCRIT is contraindicated in patients with: 1) Uncontrolled hypertension; 2) Known hypersensitivity to mammalian cell-derived products; 3) Known hypersensitivity to Albumin (Human).

## WARNINGS

**Pediatric Use:** The multidose preserved formulation contains benzyl alcohol. Benzyl alcohol has been reported to be associated with an increased incidence of neurological and other complications in premature infants, which are sometimes fatal. PROCRIT therapy has not been linked to exacerbation of hypertension, seizures, and thrombotic events in HIV-infected patients.

## Pure Red Cell Aplasia

Pure red cell aplasia (PRCA), in association with neutralizing antibodies to native erythropoietin, has been observed in patients treated with recombinant erythropoietins. PRCA has been reported in a limited number of patients exposed to PROCRIT. This has been reported predominantly in patients with CRF. Any patient with loss of response to PROCRIT should be evaluated for the etiology of loss of effect (see PRECAUTIONS: Lack or Loss of Response). PROCRIT should be discontinued in any patient with evidence of PRCA and the patient evaluated for the presence of binding and neutralizing antibodies to PROCRIT, native erythropoietin, and any other recombinant erythropoietin administered to the patient. Amgen/Ortho Biotech Products, L.P. should be contacted to assist in this evaluation. In patients with PRCA secondary to neutralizing antibodies to erythropoietin, PROCRIT should not be administered and such patients should not be switched to another product as anti-erythropoietin antibodies cross-react with other erythropoietins (see ADVERSE REACTIONS).

## PRECAUTIONS

The parenteral administration of any biologic product should be attended by appropriate precautions in case allergic or other untoward reactions occur (see CONTRAINDICATIONS). In clinical trials, while transient rashes were occasionally observed concurrently with PROCRIT therapy, no serious allergic or anaphylactic reactions were reported. (See ADVERSE REACTIONS for more information regarding allergic reactions.)

The safety and efficacy of PROCRIT therapy have not been established in patients with a known history of a seizure disorder or underlying hematologic disease (eg, sickle cell anemia, myelodysplastic syndromes, or hypercoagulable disorders).

In some female patients, menses have resumed following PROCRIT therapy; the possibility of pregnancy should be discussed and the need for contraception evaluated.

**Hematology:** Exacerbation of porphyria has been observed rarely in patients with chronic renal failure (CRF) treated with PROCRIT. However, PROCRIT has not caused increased urinary excretion of porphyrin metabolites in normal volunteers, even in the presence of a rapid erythropoietic response. Nevertheless, PROCRIT should be used with caution in patients with known porphyria.

In preclinical studies in dogs and rats, but not in monkeys, PROCRIT therapy was associated with subclinical bone marrow fibrosis. Therefore, zidovudine-treated HIV-infected patients should have HCT measured once a week (OW) until HCT has been stabilized, and measured periodically thereafter.

**Lack or Loss of Response:** If the patient fails to respond or to maintain a response to doses within the recommended dosing range, the following etiologies should be considered and evaluated: 1) Iron deficiency: Virtually all patients will eventually require supplemental iron therapy (see Iron Evaluation). 2) Underlying infectious, inflammatory, or malignant processes. 3) Occult blood loss. 4) Underlying hematologic diseases (ie, thalassemia, refractory anemia, or other myelodysplastic disorders). 5) Vitamin deficiencies: folic acid or vitamin B12. 6) Hemolysis. 7) Aluminum intoxication. 8) Osteitis fibrosa cystica.

In the absence of another etiology, the patient should be evaluated for evidence of PRCA and sera should be tested for the presence of antibodies to recombinant erythropoietins.

**Iron Evaluation:** During PROCRIT therapy, absolute or functional iron deficiency may develop. Functional iron deficiency, with normal ferritin levels but low transferrin saturation, is presumably due to the inability to mobilize iron stores rapidly enough to support increased erythropoiesis. Transferrin saturation should be at least 20% and ferritin should be at least 100 ng/mL.

Prior to and during PROCRIT therapy, the patient's iron status, including transferrin saturation (serum iron divided by iron binding capacity) and serum ferritin, should be evaluated. Virtually all patients will eventually require supplemental iron to increase or maintain transferrin saturation to levels which will adequately support erythropoiesis stimulated by PROCRIT.

**Drug Interactions:** No evidence of interaction of PROCRIT with other drugs was observed in the course of clinical trials.

**Carcinogenesis, Mutagenesis, and Impairment of Fertility:** Carcinogenic potential of PROCRIT has not been evaluated. PROCRIT does not induce bacterial gene mutation (Ames Test), chromosomal aberrations in mammalian cells, micronuclei in mice, or gene mutation at the HGPRT locus. In female rats treated intravenously (IV) with PROCRIT, there was a trend for slightly increased fetal wastage at doses of 100 and 500 U/kg.

**Pregnancy Category C:** PROCRIT has been shown to have adverse effects in rats when given in doses 5 times the human dose. There are no adequate and well-controlled studies in pregnant women. PROCRIT should be used during pregnancy only if potential benefit justifies the potential risk to the fetus.

In studies in female rats, there were decreases in body weight gain, delays in appearance of abdominal hair, delayed eyelid opening, delayed ossification, and decreases in the number of caudal vertebrae in the F1 fetuses of the 500 U/kg group. In female rats treated IV, there was a trend for slightly increased fetal wastage at doses of 100 and 500 U/kg.

**Nursing Mothers:** Postnatal observations of the live offspring (F1 generation) of female rats treated with PROCRIT during gestation and lactation revealed decreases in body weight gain, delays in appearance of abdominal hair, eyelid opening, and decreases in the number of caudal vertebrae in

the F1 fetuses of the 500 U/kg group. It is not known whether PROCRIT is excreted in human milk. Because many drugs are excreted in human milk, caution should be exercised when PROCRIT is administered to a nursing woman.

**Pediatric Use:** See WARNINGS, Pediatric Use.

**Pediatric HIV-Infected Patients:** Published literature has reported the use of PROCRIT in 20 zidovudine-treated anemic HIV-infected pediatric patients ages 8 months to 17 years, treated with 50 to 400 U/kg subcutaneously (SC) or IV, 2 to 3 times per week (BIW to TIW). Increases in hemoglobin levels and in reticulocyte counts, and decreases in or elimination of blood transfusions were observed.

**Hypertension:** Exacerbation of hypertension has not been observed in zidovudine-treated HIV-infected patients treated with PROCRIT. However, PROCRIT should be withheld in these patients if preexisting hypertension is uncontrolled, and should not be started until blood pressure (BP) is controlled. In double-blind studies, a single seizure has been experienced by a patient treated with PROCRIT.

## ADVERSE REACTIONS

### Immunogenicity

As with all therapeutic proteins, there is the potential for immunogenicity. Cases of antibody-induced PRCA in patients treated with recombinant human erythropoietins have been described in publications.

Very rare occurrences of PRCA and the presence of antibodies with neutralizing activity have been reported since market introduction of PROCRIT in the United States (see WARNINGS: Pure Red Cell Aplasia). Cases have been observed in patients treated by both SC and IV routes of administration. Among reported cases where the route of administration is known, PRCA has been observed more with SC administration than IV administration.

The incidence of antibody formation is highly dependent on the sensitivity and specificity of the assay. Additionally, the observed incidence of antibody positivity in an assay may be influenced by several factors including sample handling, timing of sample collection, concomitant medications, and underlying disease. For these reasons, comparison of the incidence of antibodies to PROCRIT with the incidence of antibodies to other products may be misleading.

Adverse events reported in clinical trials with PROCRIT in zidovudine-treated HIV-infected patients were consistent with the progression of HIV infection. In double-blind, placebo-controlled studies of 3-months duration involving approximately 300 zidovudine-treated HIV-infected patients, adverse events with an incidence of  $\geq 10\%$  in either patients treated with PROCRIT or placebo-treated patients were:

Percent of Patients Reporting Event: Event followed by Patients Treated With PROCRIT (N=144) first, Placebo-Treated Patients (N=153) second:

Pyrrexia 38%, 29%; Fatigue 25%, 31%; Headache 19%, 14%; Cough 18%, 14%; Diarrhea 16%, 18%; Rash 16%, 8%; Congestion, Respiratory 15%, 10%; Nausea 15%, 12%; Shortness of Breath 14%, 13%; Asthenia 11%, 14%; Skin Reaction (Administration Site) 10%, 7%; Dizziness 9%, 10%.

There were no statistically significant differences between treatment groups in the incidence of the above events.

In the 297 patients studied, PROCRIT was not associated with significant increases in opportunistic infections or mortality. In 71 patients from this group treated with PROCRIT at 150 U/kg TIW, serum p24 antigen levels did not appear to increase. Preliminary data showed no enhancement of HIV replication in infected cell lines in vitro.

Peripheral white blood cell and platelet counts are unchanged following PROCRIT therapy.

**Allergic Reactions:** Two zidovudine-treated HIV-infected patients had urticarial reactions within 48 hours of their first exposure to study medication. One patient was treated with PROCRIT and one was treated with placebo (PROCRIT vehicle alone). Both patients had positive immediate skin tests against their study medication with a negative saline control. The basis for this apparent preexisting hypersensitivity to components of the PROCRIT formulation is unknown, but may be related to HIV-induced immunosuppression or prior exposure to blood products.

**Seizures:** In double-blind and open-label trials of PROCRIT in zidovudine-treated HIV-infected patients, 10 patients have experienced seizures. In general, these seizures appear to be related to underlying pathology such as meningitis or cerebral neoplasms, not PROCRIT therapy.

## OVERDOSAGE

The maximum amount of PROCRIT that can be safely administered in single or multiple doses has not been determined. Doses of up to 1500 U/kg TIW for 3 to 4 weeks have been administered to adults without any direct toxic effects of PROCRIT itself. Therapy with PROCRIT can result in polycythemia if the HCT is not carefully monitored and the dose appropriately adjusted. If the suggested target range is exceeded, PROCRIT may be temporarily withheld until the HCT returns to the suggested target range; PROCRIT therapy may then be resumed using a lower dose (see DOSAGE AND ADMINISTRATION). If polycythemia is of concern, phlebotomy may be indicated to decrease the HCT.

## DOSAGE AND ADMINISTRATION

Prior to beginning PROCRIT, it is recommended that the endogenous serum erythropoietin level be determined (prior to transfusion). Available evidence suggests that patients receiving zidovudine with endogenous serum erythropoietin levels  $>500$  mU/mL are unlikely to respond to therapy with PROCRIT.

**Starting Dose:** For adult patients with serum erythropoietin levels  $\leq 500$  mU/mL who are receiving a dose of zidovudine  $\leq 4200$  mg/week, the recommended starting dose of PROCRIT is 100 U/kg as an IV or SC injection TIW for 8 weeks. For pediatric patients, see PRECAUTIONS, Pediatric Use.

**Increase Dose:** During the dose adjustment phase of therapy, the HCT should be monitored weekly. If the response is not satisfactory in terms of reducing transfusion requirements or increasing HCT after 8 weeks of therapy, the dose of PROCRIT can be increased by 50-100 U/kg TIW. Response should be evaluated every 4-8 weeks thereafter and the dose adjusted accordingly by 50-100 U/kg increments TIW. If patients have not responded satisfactorily to a PROCRIT dose of 300 U/kg TIW, it is unlikely that they will respond to higher doses of PROCRIT.

**Maintenance Dose:** After attainment of the desired response (ie, reduced transfusion requirements or increased HCT), the dose of PROCRIT should be titrated to maintain the response based on factors such as variations in zidovudine dose and the presence of intercurrent infectious or inflammatory episodes. If the HCT exceeds 40%, the dose should be discontinued until the HCT drops to 36%. The dose should be reduced by 25% when treatment is resumed and then titrated to maintain the desired HCT.

## STORAGE

◆  
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639-29-980-18H  
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# The Verdict and the Vigil in Cobb County

## by Craig Washington

In a TV interview with Charlie Rose, premier author Toni Morrison was asked if she thought the LA riots signaled the death of black folks' faith in achieving justice in the US. The grisly upheaval was ignited by the acquittal of the police officers caught on videotape beating an innocent Rodney King senseless. Morrison emphasized that it was not the infamous video of the beating itself that sparked the riot, as many first suspected it would. It was the verdict, the court's excusal of the 20th century's most publicized private lynching that really set it off. It was the fermented spillover from dashed expectations that in the face of such irrefutable evidence, surely justice would be served. In the wake of the civil rights movement, black people had come to expect justice. The dream deferred became America's nightmare as forewarned by Langston Hughes, another canonized writer whose art recounted the travails and triumphs of his people.

In an era where gay pride events have evolved from grass roots protest marches to corporate sponsored parades, many gays may feel that there is little injustice left to fight against. While they may not be surprised by intermittent acts anti-gay violence, they have come to assume that such wrongs will be made right; they have come to expect justice. A recent verdict in Cobb County insulted such assump-

tions and stirred outrage throughout metro Atlanta. On March 22nd, a mostly gay crowd of 200 gathered at a candlelight vigil in downtown Marietta on to protest the February 28th acquittal of Roderquis Rashad Reed. Reed was charged with the May 2001 murder of Ahmed Dabarran, a 32 year-old closeted black gay man originally from Somalia who was a highly respected Fulton County assistant attorney. Reed claimed that Dabarran invited him to his apartment where he forced Reed to have oral sex at gunpoint, after which Reed admittedly bludgeoned him to death in his sleep and took the victim's car and cell phone. He was acquitted of all charges, which included malice murder, felony murder, aggravated assault and theft. The vigil organizers decried the trial as a mockery of justice that was manipulated by the use of the "gay panic" defense. They highlighted not only the defense team's tactics but also the abject negligence and homophobia displayed by the Cobb County prosecutor Tom Cole. Steve Koval, who convened the vigil committee days after the verdict, told attendants, "Ahmed (Dabarran) was victimized three times, once by his brutal murder, a second time by the disgusting lies his murderer told at the trial...and finally by the justice system which he served so faithfully."

Among the speakers were Faisal Dabarani, Dabarran's brother and Holly Hughes, a colleague who is prosecuting the highly publi-

cized hate crimes case against a Morehouse student charged with beating a fellow student with a baseball bat because the victim looked at him in a dorm shower. The event included performances by Adodi Muse, the self-described gay Negro ensemble and the Atlanta Gay Men's Chorus. Fulton County Assistant DA Tamarra Ross, who was a friend of Dabarran, recited a heart wrenching poem "The Promise", "Will somebody speak for me/Will somebody tell of the joy with which I lived/The compassion I shared/The dedication with which I served/Will somebody please speak for me/ Fifteen blows to my skull/I can speak no more."

During the trial, Reed's attorney Vic Reynolds stated that Reed, a 21 year old black man, met Dabarran on a chat line. Dabarran invited Reed to a party at his apartment "where there would be lots of girls". A friend of Reed's testified that after Reed arrived at Dabarran's apartment, Dabarran and an unidentified man were playing "homosexual porno tapes." Reynolds said that when Reed objected, Dabarran forced Reed to be felled at gunpoint. Reed admitted to hitting Dabarran in the head with a pot after he had fallen asleep from drinking rum throughout the night. The Cobb County medical examiner testified that Dabarran had been hit 15 times with a blunt object while sleeping. His decomposing body was found in his apartment three days later



after colleagues alerted Cobb police that he was missing.

We can never know all that influenced the verdict, but several mitigating aspects of this case invite a rigorous interrogation of their influence upon its outcome. Did the gay panic defense persuade the jury to excuse the slaughter of the slumbering victim? Did Dabarran's race, religion and nationality (as well as his sexual orientation) arouse smoldering biases and trouble the presumption that he was an "innocent" victim who was wrongfully robbed of his life?

The gay panic defense is the popular term for a commonplace strategy to manipulate anti-gay biases embedded throughout the system and society (including juries, defense and prosecution attorneys, judges, the media and the public-at-large) to justify the victimization (murder, assault, harassment, discrimination) of gays and lesbians. It has often been successfully employed to ensure the acquittal of perpetrators whose guilt appears unquestionable. This device is in many ways an adaptation of tactics used to defend lynching, racist police brutality, and the rape and abuse of women. The defense attorney underscores those acts and characteristics of the victim that are associated with negative stereotypes historically assigned to the victim's race, sexual orientation and/or gender. Empathy and culpability are transposed as the jury

is swayed to identify with the defendant. Assignment of guilt is transferred from the perpetrator to the victim, and empathy is retracted from the victim and bestowed upon the perpetrator. It is the legal version of literally "blaming the victim."

In his closing argument Vic Reynolds offered the following paradoxical portrait of Dabarran. "By day an educated, articulate, felony prosecutor, a married man. The other side of a coin is a man who was on chat lines with teenagers, who frequented gay bars, who preferred street males. A man who picked up other men – a life of deceit. That lifestyle had an effect on my client." This illustrative account of Dabarran's day and nighttime personas deftly depicts Dabarran as a man of two faces as polarized as day and night. It supplants Dabarran's lofty status ("married," "educated," "felony prosecutor") with a lurid alter ego, the nocturnal homosexual marauder. As a closeted married man outted by his killer's trial, Dabarran's clandestine sexuality was inherently deceptive. Many straight folks perceive the closet as a betrayal of their presumption of the closeted one's heterosexuality, whether that presumption is based on deception, or their own assumption or denial. This discovery "reveals" Dabarran as someone who may have passed in the jurors' world as "one of us" (straight/married) but all the while was "one of them." (gay/promiscuous). In one sentence, Reynolds transforms

Dabarran from victim to perpetrator, and unmasks the upstanding daytime citizen as the perverse after dark denizen. The pre-existing stereotypes of the gay man as a sexual predator and the gay bars and back streets as his hunting grounds are used to evoke enough homophobic bias to override Dabarran's social cache and his humanity. Juror's sympathies may have been further challenged by the overtly sexual circumstances of this case. Dabarran was not only a gay man, he was a gay man allegedly looking for sex. This was not just a social call gone madly awry. It was a booty call. Garden-variety homophobic attitudes were probably exacerbated by this scandalous tale of solicited sex in the city. Contemporary urban society is still befuddled by its own schizophrenic attitudes about casual sex, straight or otherwise.

Several followers of the case claimed that Fulton County DA Tom Cole failed to provide a competent prosecution. Among them was Sandra Pope, a former police officer and close friend of Dabarran. "Its one thing to have a weak case against a defendant and lose the fight but quite another to fail to prosecute. The prosecution failed and/or refused to offer a shred of challenge that might have caused a decent but misguided person to rise above ignorance and see Ahmed Dabarran as a human being beyond his lifestyle." In an apparent attempt to negate Reed's self-identification as hetero-



sexual, Cole told the jury, "(Reed) appeared to be a diligent son during the day, but in the wee hours of the morning he's talking about partying with two homosexuals." The sentence posits the two images "diligent son" and "two homosexuals" as archetypes as oppositional as good and evil. Cole may have refuted Reed's alleged homosexuality to debunk the gay panic defense. A male defendant could hardly convince a predominantly heterosexual jury that he was strongly repulsed by another man's invitation to sex if the defendant were not heterosexual. But the contrast also implies that one (Reed) cannot be both "diligent son" (good) and "homosexual" (evil). It is not only a refutation of Reed's heterosexuality, but also a clear indictment of homosexuals including Dabarran himself, the very person for whom the state paid Cole to ensure justice.

Ironically, Cole's representation of Reed closely resembles (in language and meaning) Raymond's Jekyll and Hyde depiction of Dabarran. As opponents with presumably opposite goals, both prosecutor and defense attorney expressed mutual attitudes about homosexuality and used strikingly similar phrasing to convey them. And while Raymond's argument logically follows his victim-blaming agenda, Cole's indirect defamation of Dabarran seems far less discernible. Cole may not have realized that the homophobic bias triggered by Reed's homosexual desire could

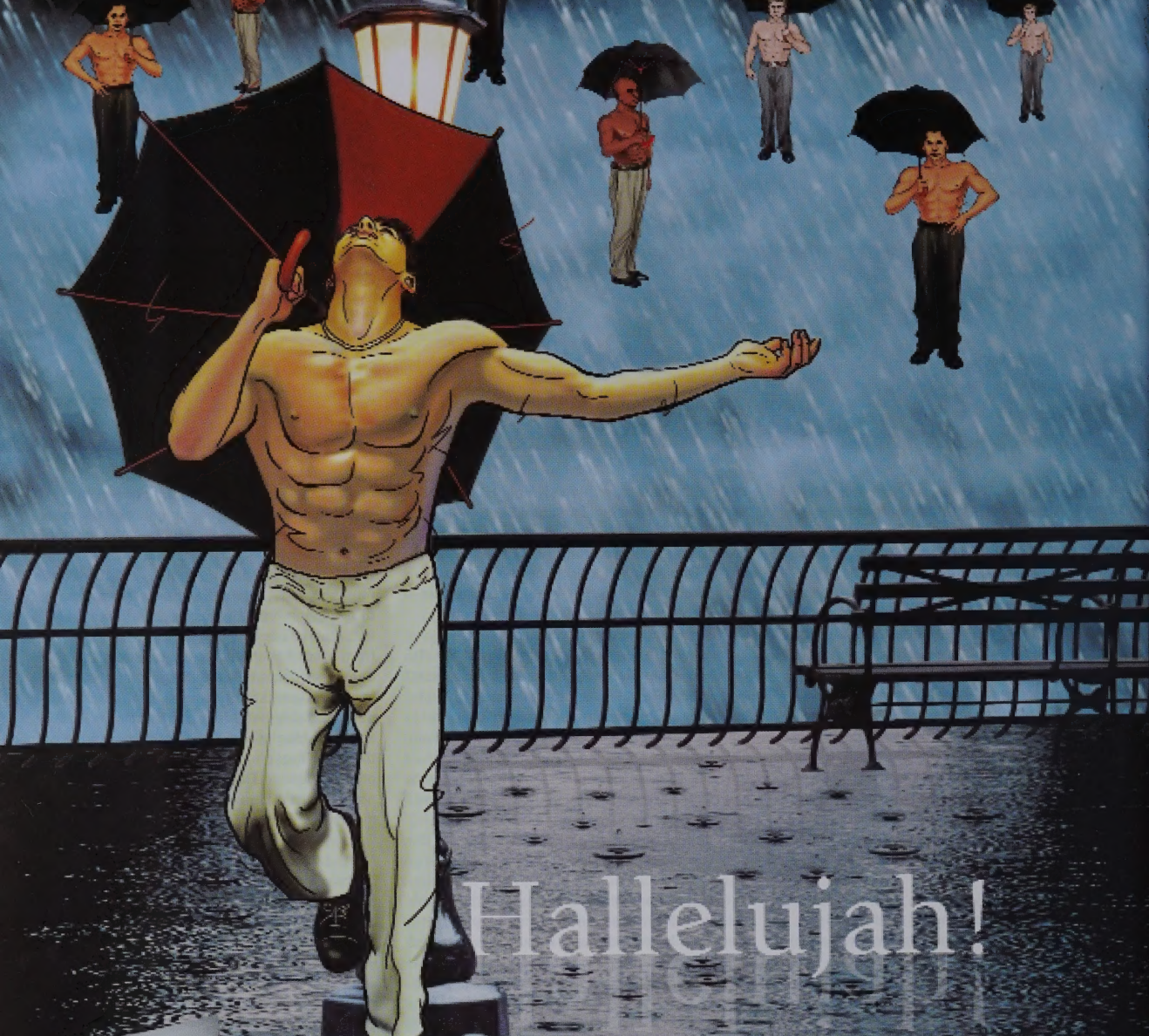
not be channeled exclusively against Reed, but such a glaring lack of foresight suggests incompetence and/or indifference. Except for the victim's brother, Cole failed to enlist any of Dabarran's admiring colleagues as character witnesses. The medical examiners' report contained information contradicting the defendant's claim that Dabarran drank heavily before falling asleep that night yet Cole inexplicably failed to introduce such evidence. In light of such blunders and omissions, Cole's competence and implicit commitment to the victim appears highly questionable. "It was painfully obvious to those who watched the trial unfold in Cobb County that the lead prosecutor became paralyzed by his own homophobia, freezing not only his objectivity, but his ability to act" Pope concluded.

The well of homophobia from which the actors in this tabloid theater drew runs deep. It feeds and is fed from vast reservoirs of hatred of difference throughout society. Dabarran was not only homosexual, indeed, in the parlance of black gays he was "many things". A non-heterosexual black Muslim originally from Somalia, he represents a composite of others, multiply exotic, threatening and always in some way "guilty". Though Dabarran's race, religion and land of birth were not negatively referenced by the defense (or the prosecution), the jury was well aware of them. Any supposition of pre-disposed bias

implied by the verdict would be naive if it presumed homophobia and ignored racism, religious intolerance and xenophobia as possible co-factors. While racism (formerly known as the Negro problem) is our most acknowledged bugaboo and society has grown less tolerant of overt homophobia, our national disdain for non-Christians and black and brown people from other countries often goes unchecked or under prioritized. The scapegoating that followed 9/11, and the Iraq war propaganda has demonstrably heightened the hatred and abuse of Muslims and immigrants of color in the U.S. Throughout the trial, Cole consistently mispronounced Dabarran's name as if it was not important enough to him to learn and remember. If Dabarran were a white homosexual with a born-in-the-USA Christian name like Matthew, would Cole have shown more interest in prosecuting his killer? Would the jury have shown more compassion for the victim and concern for justice? Knowing that we'll never know will not settle the questions that haunt like restless haints, longing for answers that will never come. "Apparently the violent murder of a young, gay, black man in Cobb County was not worth the deliverance of justice," Pope concluded. In an interview following the verdict Reed's mother Carolyn Reed-Hicks said, "I don't think the jury had anything against gay people. If a person chooses to be gay, that's his choice. But you don't impose yourself. Some men just hate that."

⑤





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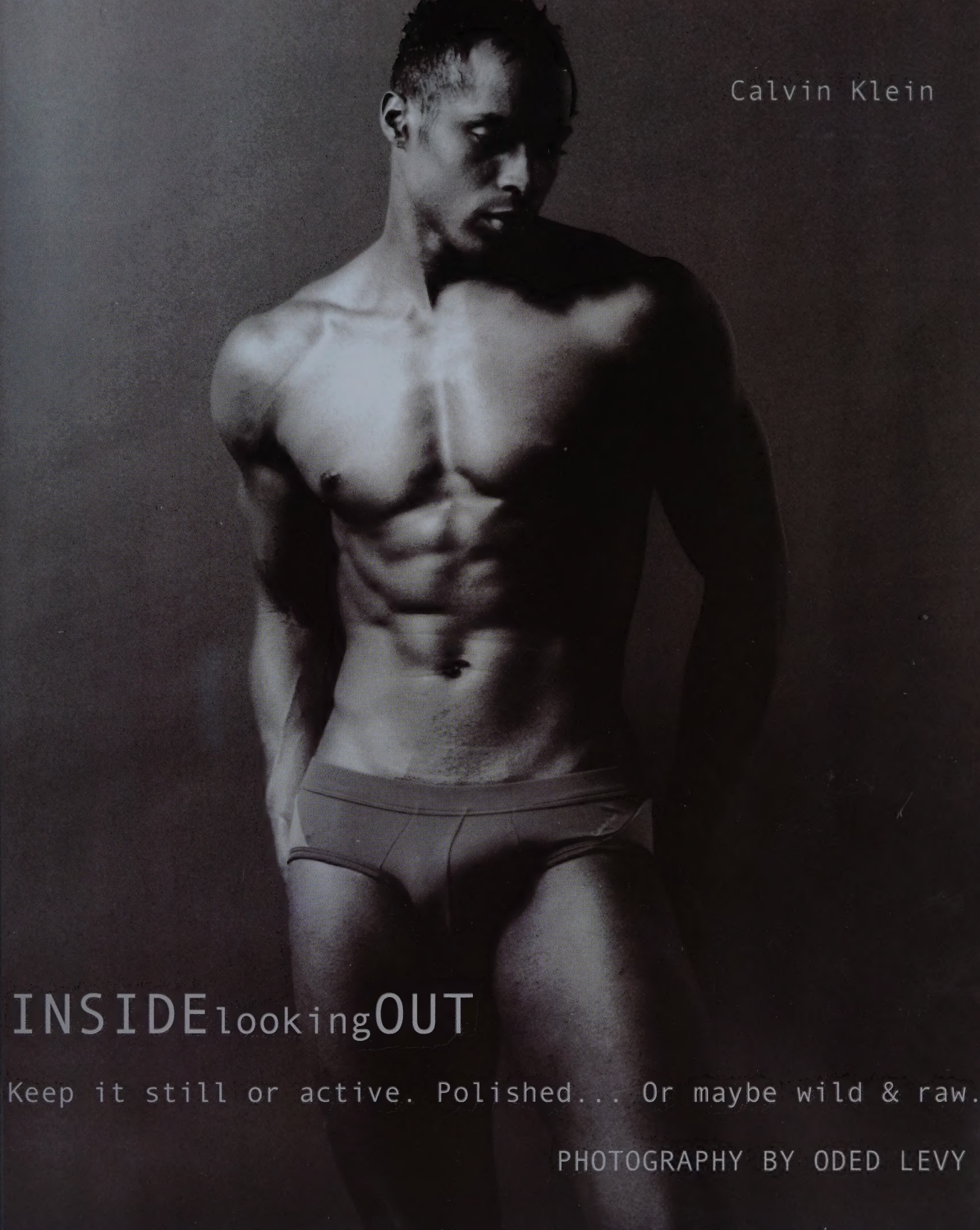
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A full-page photograph of a muscular man standing in a field of tall, dry grass. He is shirtless, showing his well-defined abdominal muscles and chest. He is wearing white briefs and is looking down and slightly to his left. The lighting is natural, creating strong shadows and highlights on his skin and the surrounding vegetation.

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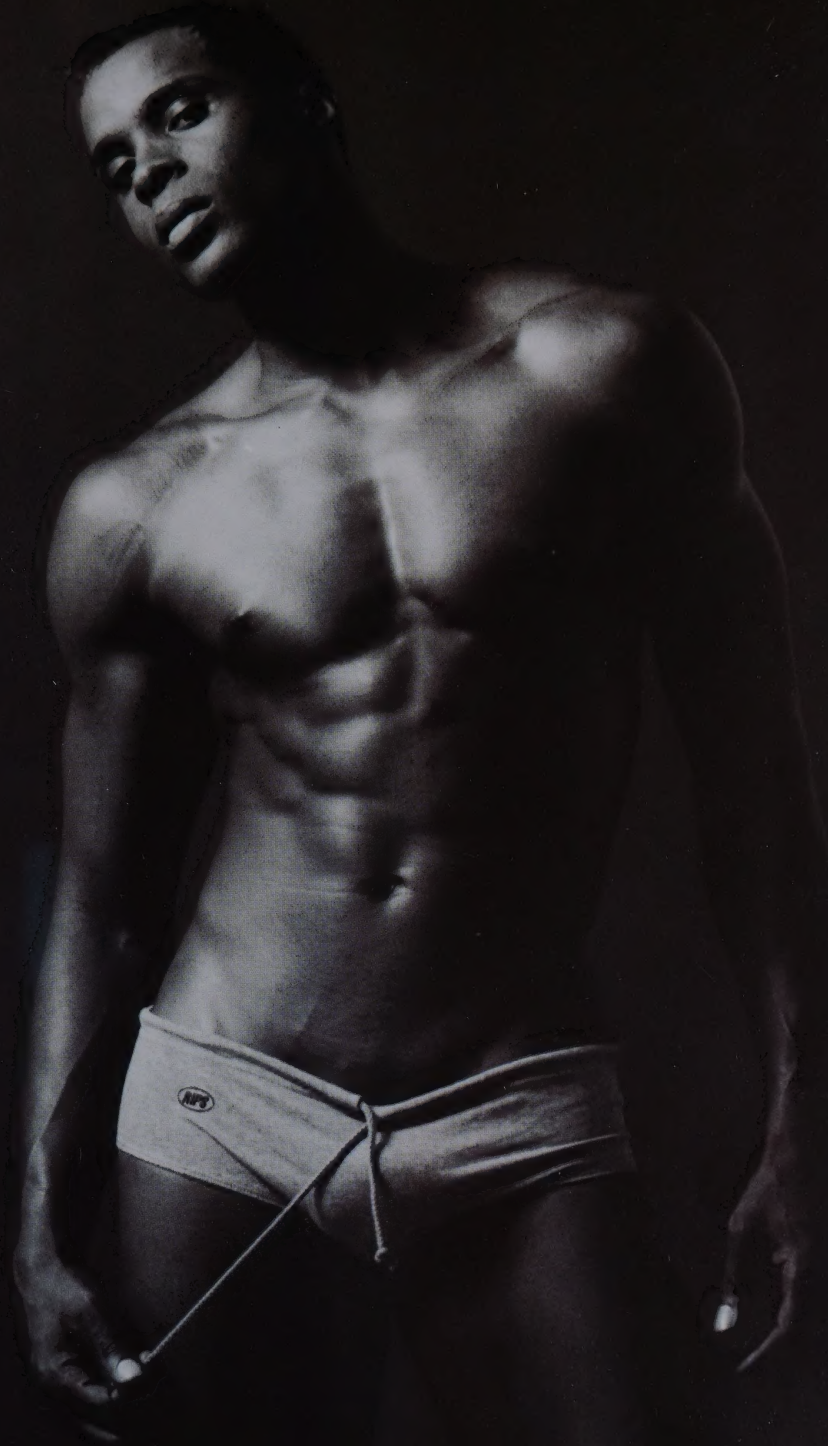


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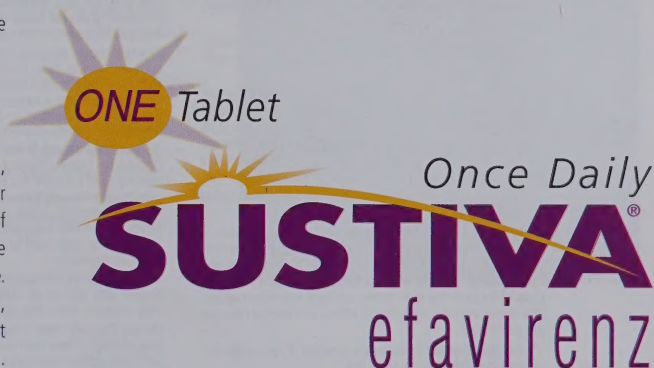
SUSTIVA (efavirenz) in combination with other antiretroviral agents is indicated for the treatment of HIV-1 infection.

**SUSTIVA does not cure HIV or prevent passing HIV to others.**

## Safety Information

Many patients have dizziness, trouble sleeping, drowsiness, trouble concentrating, and/or unusual dreams. These feelings tend to go away after taking the medication for a few weeks. Mild to moderate rash is another common side effect. A small number of patients have reported severe depression, strange thoughts, or angry behavior. There have been a few reports of suicide but SUSTIVA has not been established as the cause. SUSTIVA should not be taken with Hismanal® (astemizole), Propulsid® (cisapride), Versed® (midazolam), Halcion® (triazolam) or ergot derivatives. Tell your doctor about any medications or herbal products (particularly St. John's wort) that you are taking. Women should not become pregnant or breast-feed while taking SUSTIVA.

Please see important information about SUSTIVA on next page.





## PATIENT INFORMATION

**SUSTIVA®** (sus-TEE-vah)

[efavirenz (eh-FAH-vih-rehnz)]  
capsules and tablets

**ALERT: Find out about medicines that should NOT be taken with SUSTIVA.**

Please also read the section "MEDICINES YOU SHOULD NOT TAKE WITH SUSTIVA."

Read this information before you start taking SUSTIVA. Read it again each time you refill your prescription, in case there is any new information. This leaflet provides a summary about SUSTIVA and does not include everything there is to know about your medicine. This information is not meant to take the place of talking with your doctor.

### What is SUSTIVA?

SUSTIVA is a medicine used in combination with other medicines to help treat infection with Human Immunodeficiency Virus (HIV), the virus that causes AIDS (acquired immune deficiency syndrome). SUSTIVA is a type of anti-HIV drug called a "non-nucleoside reverse transcriptase inhibitor" (NNRTI).

SUSTIVA works by lowering the amount of HIV in the blood (viral load). SUSTIVA must be taken with other anti-HIV medicines. When taken with other anti-HIV medicines, SUSTIVA has been shown to reduce viral load and increase the number of CD4 cells, a type of immune cell in blood. SUSTIVA may not have these effects in every patient.

SUSTIVA does not cure HIV or AIDS. People taking SUSTIVA may still develop other infections and complications. Therefore, it is very important that you stay under the care of your doctor.

SUSTIVA has not been shown to reduce the risk of passing HIV to others. Therefore, continue to practice safe sex, and do not use or share dirty needles.

### What are the possible side effects of SUSTIVA?

**Serious psychiatric problems.** A small number of patients experience severe depression, strange thoughts, or angry behavior while taking SUSTIVA. Some patients have thoughts of suicide and a few have actually committed suicide. These problems tend to occur more often in patients who have had mental illness. Contact your doctor right away if you think you are having these psychiatric symptoms, so your doctor can decide if you should continue to take SUSTIVA.

**Common side effects.** Many patients have dizziness, trouble sleeping, drowsiness, trouble concentrating, and/or unusual dreams during treatment with SUSTIVA. These side effects may be reduced if you take SUSTIVA at bedtime on an empty stomach. They also tend to go away after you have taken the medicine for a few weeks. If you have these common side effects, such as dizziness, it does not mean that you will also have serious psychiatric problems, such as severe depression, strange thoughts, or angry behavior. Tell your doctor right away if any of these side effects continue or if they bother you. It is possible that these symptoms may be more severe if SUSTIVA is used with alcohol or mood altering (street) drugs.

If you are dizzy, have trouble concentrating, or are drowsy, avoid activities that may be dangerous, such as driving or operating machinery.

Rash is common. Rashes usually go away without any change in treatment. In a small number of patients, rash may be serious. If you develop a rash, call your doctor right away. **Rash may be a serious problem in some children.** Tell your child's doctor right away if you notice rash or any other side effects while your child is taking SUSTIVA.

Other common side effects include tiredness, upset stomach, vomiting, and diarrhea.

**Changes in body fat.** Changes in body fat develop in some patients taking anti-HIV medicine. These changes may include an increased amount of fat in the upper back and neck ("buffalo hump"), in the breasts, and around the trunk. Loss of fat from the legs, arms, and face may also happen. The cause and long-term health effects of these fat changes are not known.

Tell your doctor or healthcare provider if you notice any side effects while taking SUSTIVA.

Contact your doctor before stopping SUSTIVA because of side effects or for any other reason.

This is not a complete list of side effects possible with SUSTIVA. Ask your doctor or pharmacist for a more complete list of side effects of SUSTIVA and all the medicines you will take.

### How should I take SUSTIVA (efavirenz)?

#### General Information

- You should take SUSTIVA on an empty stomach, preferably at bedtime.
- Swallow SUSTIVA with water.
- Taking SUSTIVA with food increases the amount of medicine in your body, which may increase the frequency of side effects.
- Taking SUSTIVA at bedtime may make some side effects less bothersome.
- SUSTIVA must be taken in combination with other anti-HIV medicines. If you take only SUSTIVA, the medicine may stop working.
- Do not miss a dose of SUSTIVA. If you forget to take SUSTIVA, take the missed dose right away, unless it is almost time for your next dose. Do not double the next dose. Carry on with your regular dosing schedule. If you need help in planning the best times to take your medicine, ask your doctor or pharmacist.
- Take the exact amount of SUSTIVA your doctor prescribes. Never change the dose on your own. Do not stop this medicine unless your doctor tells you to stop.
- If you believe you took more than the prescribed amount of SUSTIVA, contact your local Poison Control Center or emergency room right away.
- Tell your doctor if you start any new medicine or change how you take old ones. Your doses may need adjustment.
- When your SUSTIVA supply starts to run low, get more from your doctor or pharmacy. This is very important because the amount of virus in your blood may increase if the medicine is stopped for even a short time. The virus may develop resistance to SUSTIVA and become harder to treat.
- Your doctor may want to do blood tests to check for certain side effects while you take SUSTIVA.

#### Capsules

- The dose of SUSTIVA capsules for adults is 600 mg (three 200 mg capsules, taken together) once a day by mouth. The dose of SUSTIVA for children may be lower (see **Can children take SUSTIVA?**).

#### Tablets

- The dose of SUSTIVA tablets for adults is 600 mg (one tablet) once a day by mouth.

#### Can children take SUSTIVA?

Yes, children who are able to swallow capsules can take SUSTIVA. Rash may be a serious problem in some children. Tell your child's doctor right away if you notice rash or any other side effects while your child is taking SUSTIVA. The dose of SUSTIVA for children may be lower than the dose for adults. Capsules containing lower doses of SUSTIVA are available. Your child's doctor will determine the right dose based on your child's weight.

#### Who should not take SUSTIVA?

Do not take SUSTIVA if you are allergic to the active ingredient, efavirenz, or to any of the inactive ingredients. Your doctor and pharmacist have a list of the inactive ingredients.

#### What should I avoid while taking SUSTIVA?

- **Women taking SUSTIVA should not become pregnant.** Serious birth defects have been seen in animals treated with SUSTIVA. It is not known whether this could happen in humans. **Tell your doctor right away if you are pregnant.** Also talk with your doctor if you want to become pregnant.
- Women should not rely only on hormone-based birth control, such as pills, injections, or implants, because SUSTIVA may make these contraceptives ineffective. Women must use a reliable form of barrier contraception, such as a condom or diaphragm, even if they also use other methods of birth control.
- **Do not breast-feed if you are taking SUSTIVA.** The Centers for Disease Control and Prevention recommend that mothers with HIV not breast-feed because they can pass the HIV through their milk to the baby. Also, SUSTIVA may pass through breast milk and cause serious harm to the baby. Talk with your doctor if you are breast-feeding. You may need to stop breast-feeding or use a different medicine.
- Taking SUSTIVA with alcohol or other medicines causing similar side effects as SUSTIVA, such as drowsiness, may increase those side effects.
- Do not take any other medicines without checking with your doctor. These medicines include prescription and non-prescription medicines and herbal products, especially St. John's wort.

#### Before using SUSTIVA, tell your doctor if you

- **have problems with your liver, or have hepatitis.** Your doctor may want to do tests to check your liver while you take SUSTIVA.
- **have ever had mental illness or are using drugs or alcohol.**

What important information should I know about taking other medicines with SUSTIVA (efavirenz)?

**SUSTIVA may change the effect of other medicines, including ones for HIV, and cause serious side effects.** Your doctor may change your other medicines or change their doses. Other medicines, including herbal products, may affect SUSTIVA. For this reason, **it is very important to:**

- Let all your doctors and pharmacists know that you take SUSTIVA.
- Tell your doctors and pharmacists about all medicines you take. This includes those you buy over-the-counter and herbal or natural remedies.

Bring all your prescription and non-prescription medicines as well as any herbal remedies that you are taking when you see a doctor, or make a list of their names, how much you take, and how often you take them. This will give your doctor a complete picture of the medicines you use. Then he or she can decide the best approach for your situation.

Taking SUSTIVA with St. John's wort (*hypericum perforatum*), an herbal product sold as a dietary supplement, or products containing St. John's wort is not recommended. Talk with your doctor if you are taking or are planning to take St. John's wort. Taking St. John's wort may decrease SUSTIVA levels and lead to increased viral load and possible resistance to SUSTIVA or cross-resistance to other anti-HIV drugs.

#### MEDICINES YOU SHOULD NOT TAKE WITH SUSTIVA

The following medicines may cause serious and life-threatening side effects when taken with SUSTIVA. You should not take any of these medicines while taking SUSTIVA\*\*:

- Hismanal® (astemizole)
- Propulsid® (cisapride)
- Versed® (midazolam)
- Halcion® (triazolam)
- Ergot medications (for example, Wigraine® and Cafergot®)
- The following medicines may need to be replaced with another medicine when taken with SUSTIVA\*\*:
- Fortovase®, Invirase® (zalcitabine)
- Bixian® (clarithromycin)

The following medicines may need to have their dose changed when taken with SUSTIVA\*\*:

- Crixivan® (indinavir)
- Mycobutin® (rifabutin)
- Methadone

**These are not all the medicines that may cause problems if you take SUSTIVA. Be sure to tell your doctor about all medicines that you take.**

#### General advice about SUSTIVA:

Medicines are sometimes prescribed for conditions that are not mentioned in patient information leaflets. Do not use SUSTIVA for a condition for which it was not prescribed. Do not give SUSTIVA to other people, even if they have the same symptoms you have. It may harm them.

Keep SUSTIVA at room temperature (77°F) in the bottle given to you by your pharmacist. The temperature can range from 59° to 86°F.

Keep SUSTIVA out of the reach of children.

This leaflet summarizes the most important information about SUSTIVA. If you would like more information, talk with your doctor. You can ask your pharmacist or doctor for the full prescribing information about SUSTIVA, or you can visit the SUSTIVA website at <http://www.sustiva.com> or call 1-800-426-7644.

\* SUSTIVA® is a registered trademark of Bristol-Myers Squibb Pharma Company.

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U.S.A.





# For She Was Nina...

by james knox

**Y**ou were the "High Priestess of Soul" for who else could invoke such fire, spirit, and passion into "I Put A Spell On You," "Sinnerman," "See Line Woman," and "Don't Let Me Be Misunderstood." You brought such warmth and love into "I Love You Porgy," "My Baby Just Cares For Me," and "The Other Woman." You wrote Mississippi Goddam" to express your anger over the killing of Medgar Evers and the bombing of the four little girls in a Birmingham church. This was a powerful testament to the times and even more poignant coming from a black woman. You told us the story of "Four Women" so vividly that we knew each woman personally. You let us know that we were "Young, Gifted and Black." You even sang for a King

You sang with a vibrant voice and traveled the world to convey your messages of love, peace, and power. From your piano, you gave us concertos mixed with African rhythms, Sunday morning gospel, down home blues, deep country folk, straight ahead jazz, and a whole lot of love. You were a musical genius from an early age and it was reflected in everything you touched. You showed the world that a little black girl from Tryon, North Carolina could be anything she wanted to be. You overcame the obstacles and rose to greatness. You were a warrior and activist, but you will be most remembered for being a strong woman who loved us and wanted only the best for all of us. You were fierce and fearless and we honor your wonderful legacy of music.

Ache!



## FOUR WOMEN

BY NINA SIMONE

My skin is black  
My arms are long  
My hair is wooly  
My back is strong  
Strong enough to take the pain  
It's been inflicted again and again  
What do they call me  
My name is AUNT SARAH  
My name is Aunt Sarah

My skin is yellow  
My hair is long  
Between two worlds  
I do belong  
My father was rich and white  
He forced my mother late one night  
What do they call me  
My name is SIFFRONIA  
My name is Siffronia

My skin is tan  
My hair's alright, it's fine  
My hips invite you  
And my lips are like wine  
Whose little girl am I?  
Well yours if you have some money to buy  
What do they call me  
My name is SWEET THING  
My name is Sweet Thing

My skin is brown  
And my manner is tough  
I'll kill the first mother I see  
Cos my life has been too rough  
I'm awfully bitter these days  
because my parents were slaves  
What do they call me  
My  
name  
is  
PEACHES

Written by Nina Simone  
Copyright © 1964 Rose Royce Music Co.  
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**HBO** presents

# LOS ANGELES BLACK PRIDE CELEBRATION

STILL TOGETHER  
15 YEARS  
AT THE BEACH

## JULY 2-6, 2003

**Wednesday,  
July 2, Noon to 5 p.m.**

### To be Empowered

"Empowerment" is the theme for the Third Annual Dialogue Conference Series. We will discuss and strategize on ideas to strengthen ourselves, community and the world in an open and safe space. It's paradise!

**Wednesday, July 2, 6:30 p.m. to 9:30 p.m.**

### Speaking in Paradise

We will have poetry from renowned poets and a chance for upcoming poets to speak.

**Thursday, July 3, Noon to 5 p.m.**

### Empowered II

Words are mere words without action! Let's return to our communities with a renewed sense of pride to make a positive difference by implementing the ideas, strategies and goals we have developed.

**Thursday, July 3, 6 p.m. to 10 p.m.**

### Evening in Paradise

The Opening Reception and Dinner Banquet will reflect 15 years in the making of At The Beach Shorey Inc. L.A. Black Pride with a feast fit for Kings and Queens.

**Friday, July 4, 1 p.m. to 8 p.m.**

### Pool Party in Paradise

Come on in. The water is fine. Music, food, dancing, games and just getting wet. Celebrate America's independence, ATB style!

**Saturday, July 5, 7 a.m. to dusk**

### Barefoot in Paradise

Escape to the renowned Malibu Beach Party where you will meet, greet and play with same gender loving people! Games, contests, feasting and shopping for that special treasure in paradise. A day of fun!

**Saturday, July 5, 10 p.m. to 3 a.m.**

### Escape to Paradise

The At The Beach Official After Party will be held at The House of Blues with live entertainment, dancing, drink specials and 5,000 of the hottest bodies you have ever laid eyes on from all over the world! If you miss the Beach Party, don't dare miss the After Party!

**Sunday, July 6, 11 a.m. to 7 p.m.**

### Peace in Paradise

Let's start the day with prayer and continue the festivities with the Literary Cafe book signing where you can meet the most talented authors in the community!



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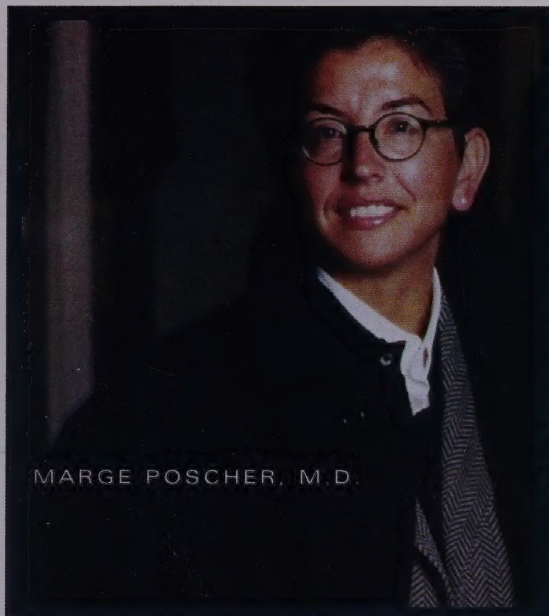
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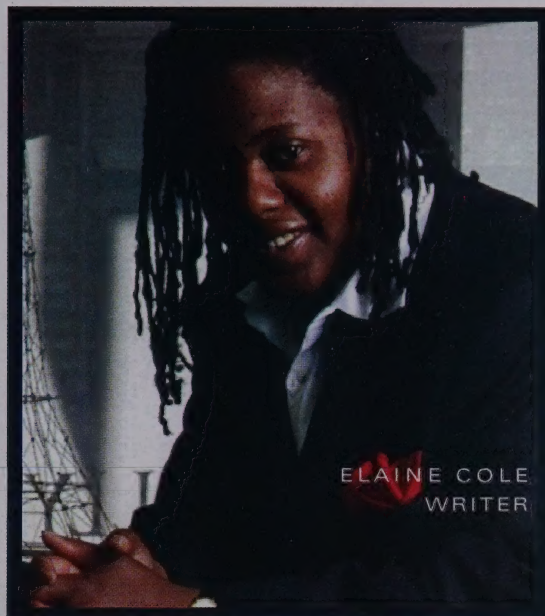
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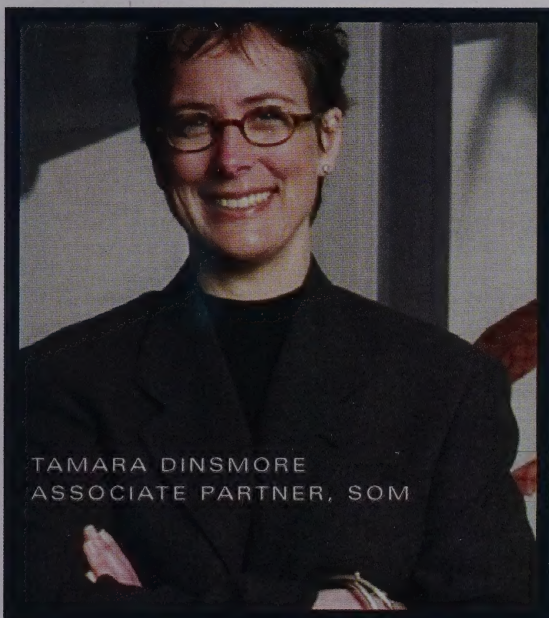




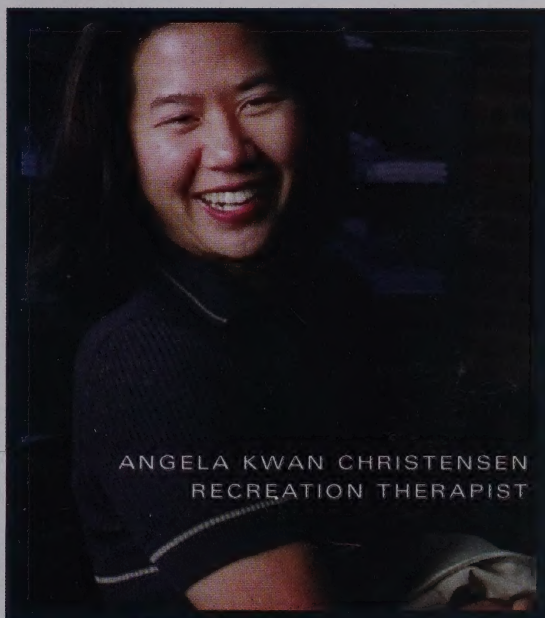
MARGE POSCHER, M.D.



ELAINE COLE  
WRITER



TAMARA DINSMORE  
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The men's store GQ has called "hip, discerning, distinctive..." is also the secret of some women.

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www.billyblue.com



# roots of rape

## in south africa by nomvuyo

Written by Kisha "Nomvuyo" Montgomery

**B**efore the rape of Baby Tshepang, I lived, ate and partied with people in townships among rows and rows of corrugated iron covered wood shacks that pretended to be adequate housing for most of the blacks who make up 77% of 41.2 million people of South Africa. Yet it was in the townships that I had witnessed community in its purest form- as people relied on their greatest resource and asset- each other. It occurred to me that the violation of Baby Tshepang was also a violation of a thick and old bond of communal trust in township life between adults and children.

In my host family's living room in Johannesburg, we watched the six men being hauled away to jail. My host father turned to me and said, "If those men were released in the community, they would be killed." There are ethical lines recognized by Africans in South Africa despite a legacy of the most unethical treatment.

I began to wonder, what were the roots of rape in South Africa? I began to participate in informational interviews with local people on the ground. I spoke with Busi, who was born and raised in a black township near Johannesburg and had survived the murder of so many of her friends during the Apartheid years.

She said "Many of the men sacrificed their education and left the country during the Apartheid years, to galvanize support only to come back post elections and find that they are not wanted." She said, "To expect them after many years of anger and rage to be model husbands, brothers and sons was unrealistic."

She continued, "You had a situation where a whole system was literally changed over night and all that rage and anger and years of struggle were supposed to be over, but there was nothing in place to help people make the shift psychologically." In short, there was inter-generational post-traumatic stress disorder experienced by a large number of people with little or no assistance available to them.

My path crossed with Lisa, who had represented on a pro bono basis- black child rape survivors for the past three and half years. She talked about the lack of enforcement of the law by white judges and prosecutors in the criminal justice system. She said, "For so long, there was no criminal system for blacks." She said, "You could kill a black person and there were no repercussions."

The high court would not hear rape cases any longer because there are simply too many. In South Africa, 15% of rapes take place against children 11 years and under, but there is only a 9 % conviction rate.



I lived in South Africa for a total of three months as part of a six month solo and self-funded volunteer tour of advocacy related non-government organizations (NGO's) from October 2001 to March 2002. While I was in Johannesburg in November, the rape of 9 month old Baby Tshepang took place in a township north of Capetown. Out of six men arrested for her assault, only 23 year old David Potse was arrested charged and in August 2002 given life in prison.

I asked her what she thought was behind these terrible rapes, she said, "I know that Apartheid has destroyed the moral fiber of this community." She talked about the diminishing if not total loss of hope for change as life has stayed the same or stagnant for the black South African since the ANC has gotten in to power. A combination of 50% unemployment rate, alcoholism and unresolved anger and rage lead her to ask, "Who is it easier to take out on, but women and children?"

I think the better question is who is easier to access and exert the little control you do have when you feel powerless over a larger system? Women and children were getting the brunt of internalized oppression, culturally based gender roles and improperly channeled frustration from being humiliated, emasculated and degraded on a daily basis.

I attended an HIV/AIDS conference in Johannesburg and we questioned, "Where were the men in the struggle against HIV/AIDS?" It is estimated that within 3 years almost 250,000 South Africans will die of AIDS each year. This figure will rise to more than 500,000 by 2008, decreasing the average life expectancy from 60 years to around 40 years between 1998 and 2008. I learned that a men's march on violence against women and children had taken place in Capetown in October 2001.

The few men of color in the room pointed out that since the beginning, the focus on HIV/AIDS prevention and outreach had been on women, leaving a huge gap in services, forums, education and outreach to African men on HIV/AIDS. Such gaps have led to the continual perpetration of the misconception that sex with a virgin cures HIV/AIDS or that HIV/AIDS is an fallacy promoted in Africa by "developed" countries in order to control African sexuality.

I came to learn that the large NGO sector was constrained by staff and financial shortages and agendas by foundations. An African man leaned against me and pointed to the crowd and said, "This is part of the problem as well." My eyes scanned the mostly and typically white and white female Directors of hundreds of HIV/AIDS focused NGO's representing several African countries in the room. One had to wonder how much of a priority the empowerment of the African man on the issue of HIV/AIDS was for them.

My satisfaction with my intellectual understanding of root causes of rape in South Africa did not make my grief any less when, on my last night in Africa, I was raped by a man I trusted in Alexandra Township near Johannesburg.

I did not find comfort in my intellectual understanding that the return of the government to the black majority would not heal the legacy of Apartheid and its effects on the people. It occurred

to me that David Potse would emerge from the cage built by the legacy of Apartheid to a prison cell and the memory of perpetrating his oppression on to Baby Tshepang if his life is not cut short by HIV/AIDS.

At the same time, Baby Tshepang would be imprisoned by the physical and emotional memory of the violation for the rest of her life. The cruel irony of rape is that the parties to it, get caged by it, such that neither side departs from that experience unharmed, regardless of denial.

Apartheid is as real today as his arms were that pinned me down. I became a microcosm of the problem of rape of women in South Africa and globally, just as David Potse is a microcosm of the larger violation of the people of South Africa experience at the hand of Apartheid and its legacy. Yes, both David Potse and the larger system that created him need to be held accountable. In 2001, 21,000 rapes were reported and one can only guess how many, like mine, went unreported.

Baby Tshepang's name is Zulu for "have hope." We must have hope for the healing of women and children violated globally through violence and their violated perpetrators, the people of South Africa and for Baby Tshepang. If the roots of rape in South Africa are pain and oppression, then the antidote is social and true economic liberation and emotional healing for the black South African. The healing has just begun.





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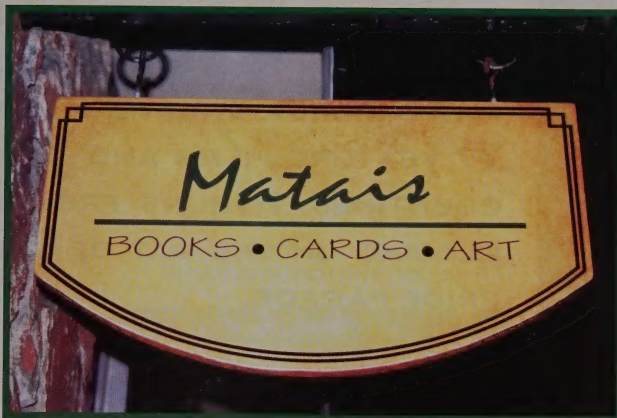
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FILMS BY AND/OR FEATURING  
FOLKS OF AFRICAN DESCENT  
AT THE 27TH SAN FRANCISCO  
INTERNATIONAL LESBIAN &  
GAY FILM FESTIVAL

BY AKILAH MONIFA

THE SAN FRANCISCO INTERNATIONAL LESBIAN & GAY FILM FESTIVAL IS THE WORLD'S OLDEST AND LARGEST. THIS YEAR THEY ARE SCREENING 77 FEATURE FILMS AND 194 SHORTS FROM 32 COUNTRIES. IT RUNS FROM JUNE 12 – 29TH, CLOSING ON THE DAY OF THE SAN FRANCISCO PRIDE PARADE.

THE FESTIVAL SHOWCASES A NUMBER OF FILMS BY AND/OR FEATURING PEOPLE OF AFRICAN DESCENT, 7 FEATURES AND 3 SHORTS.

## THE FEATURES

### ROBIN'S HOOD



Starring Khathee V. Turner and Clody Cates, directed by Sara Millman

In a lesbian interracial remake of the classic tale, featuring a Black lesbian lead character, who lives in Oakland, not Sherwood Forest. Robin is a social worker who in classic "Robin Hood" fashion, takes from the privileged and gives to the undeserved. And since she is in modern day, rather than riding a horse, she drives a sporty Honda CBR 900. Robin's love interest is a French butch-dyke thief, Brooklyn.

This feature follows the travails of Robin and Brooklyn, as they love, and in classic Robin Hood style, steal from the rich and give to the poor.

### THE EDGE OF EACH OTHER'S BATTLES: THE VISION OF AUDRE LORDE AND THE EDGE OF EACH OTHER'S BATTLES



These two films chronicle Audre Lorde as an artist through her poems and essays. Wonderful films for those familiar with the late Lorde's body of work as well as those folks who are less familiar with her work. THE EDGE OF EACH OTHER'S BATTLES examines the conference in 1992, which celebrated Lorde's work. The conference was historic in that a commitment was made and kept that the attendees be at least 50 percent people of color and 50 percent poor and working class people. Recognizing that race and class are integral and both matter.



## LAUGHING MATTERS

Directed by Andrea Meyerson and Nancy Rosenblum.

A documentary which showcases four unique veteran performers, each from different ethnic and economic backgrounds. Their commonalities are two-fold: stand-up comedienne and out lesbian. We see performances as well as behind the scenes. Karen Williams is the African American profiled. Also profiled are Kate Clinton, Marga Gomez, and Suzanne Westenhoefer. The other "Queens of Comedy."

## OF MEN AND GODS

By Anne Lescot and Laurence Magloire

This documentary takes place in Haiti, examining the lives of men who do not identify as gay, but rather as "children of Erzuli" a female voodoo spirit.

## RISE ABOVE: THE TRIBE 8 DOCUMENTARY

By Tracy Flannigan

Tribe 8 is the first ever dyke-identified hard-core punk-rock band. The documentary follows the girls at home, on the road, at home, and on stage, highlighting the 1994 Michigan Womyn's Music Festival.

## BROTHER OUTSIDER: THE LIFE OF BAYARD RUSTIN

A documentary about Bayard Rustin who was out during the 1940s. Rustin is well known as the architect of many civil rights actions including the 1963 March on Washington. Despite his openness, he chose to remain in the background in the civil rights movement because of the presumed liability his gayness brought with it.

## SECONDARY HIGH

SECONDARY HIGH takes place in high

school and references both old and new teen movies. This film comes with a caution: Adhering to the principles of the "ridiculous cinema manifesto," SECONDARY HIGH is sure to touch and thrill you, but it won't make you want to go back to high school.

## THE SHORTS:

**"LADIES GET DOWN LIKE THAT"  
INCLUDES BUTCH MYSTIQUE.**



BUTCH MYSTIQUE is about butch and masculine identity in the African American lesbian community. These sistahs are examined from various backgrounds, mothers, activists, and artists.

## "HOMO HOP"

A presentation of Queer Youth TV

As you might imagine, "Homo Hop" is a short, which takes place in the hip-hop world. It includes LIFE ON CHRISTOPHER ST. which examines young Black and Latino hip-hop homos. Oakland's Peace Out: The 2nd Annual World Homo Hip-Hop Festival is also featured as well as the Deep Dickollective.

## "DO YOUR THANG"

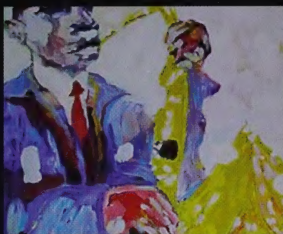
Shorts for, by, and about queer women of color. Shari Frilot's STRANGE & CHARMED features sistahs of African descent in three parts.

And of course, there are hundreds more features and shorts in this festival. The 2003 San Francisco International Lesbian & Gay Film Festival runs June 12 - 29th at the Castro and Herbst Theatres in San Francisco. For more information visit [www.frameline.org/festival](http://www.frameline.org/festival).





ART



APPAREL

## “CLASSIC CITY STYLE”

DSM is not just a store but is also a boutique experience with the ambiance of a comfortable hangout. Black leather armchairs flank a Chinese chessboard near the window – three or four people a day come in to play chess with Titus. A fabulous hand-painted chess set from South Africa is prominently displayed. Paintings of jazzmen line the walls. Music plays and the CDs are for sale.

ACCESSORIES



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# Still undetectable

The virus is under control. My HIV therapy is still working.  
And KALETRA is helping to make a difference.

Your results may vary.

**KALETRA is indicated for the treatment of HIV infection in combination with other antiretroviral agents.**

**Safety Information**

KALETRA should not be taken with Halcion®, Hismanal®, Orap®, Propulsid®, Ryltmo®, Seldane®, Tambocor™, Versed®, Rimactane®, Rifadin®, Ritalin®, Ritalmate®, Mevacor®, Zocor®, ergot derivatives or products containing St. John's wort (*Hypericum perforatum*). Discuss all medicines, including those without a prescription, and herbal preparations you are taking or plan to take with your doctor or pharmacist.

\*Based on IMS HEALTH National Prescription Audit Plus for Protease Inhibitor Class, July 2002-January 2003

 **Abbott Laboratories**  
Abbott Park, IL 60544

1-866-KALETRA (525-5372)

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05C-036-7403-1

[www.KALETRA.com](http://www.KALETRA.com)

March 2003



In clinical trials, the most commonly reported side effects of moderate or severe intensity were: abdominal pain, abnormal bowel movements, diarrhea, feeling weak or tired, headache, and nausea. This is not a complete list of reported side effects.

KALETRA oral solution contains alcohol.

**KALETRA does not cure HIV infection or AIDS and does not reduce the risk of passing of HIV to others.**

Please see adjacent page for Patient Information.



## KALETRA®

(lopinavir/ritonavir) capsules  
(lopinavir/ritonavir) oral solution

**ALERT: Find out about medicines that should NOT be taken with KALETRA.** Please also read the section

"MEDICINES YOU SHOULD NOT TAKE WITH KALETRA."

### Patient Information

## KALETRA®

(kuh-LEE-trea)

Generic Name: lopinavir/ritonavir  
(lop-IN-uh-veer/rit-ON-uh-veer)

Read this leaflet carefully before you start taking KALETRA. Also, read it each time you get your KALETRA prescription refilled, in case something has changed. This information does not take the place of talking with your doctor when you start this medicine and at check ups. Ask your doctor if you have any questions about KALETRA.

### What is KALETRA and how does it work?

KALETRA is a combination of two medicines. They are lopinavir and ritonavir. KALETRA is a type of medicine called an HIV (human immunodeficiency virus) protease (PRO-tee-ase) inhibitor. KALETRA is always used in combination with other anti-HIV medicines to treat people with human immunodeficiency virus (HIV) infection. KALETRA is for adults and for children age 6 months and older.

HIV infection destroys CD4 (T) cells, which are important to the immune system. After a large number of T cells are destroyed, acquired immune deficiency syndrome (AIDS) develops.

KALETRA blocks HIV protease, a chemical which is needed for HIV to multiply. KALETRA reduces the amount of HIV in your blood and increases the number of T cells. Reducing the amount of HIV in the blood reduces the chance of death or infections that happen when your immune system is weak (opportunistic infections).

### Does KALETRA cure HIV or AIDS?

KALETRA does not cure HIV infection or AIDS. The long-term effects of KALETRA are not known at this time. People taking KALETRA may still get opportunistic infections or other conditions that happen with HIV infection. Some of these conditions are pneumonia, herpes virus infections, and *Mycobacterium avium* complex (MAC) infections.

### Does KALETRA reduce the risk of passing HIV to others?

KALETRA does not reduce the risk of passing HIV to others through sexual contact or blood contamination. Continue to practice safe sex and do not use or share dirty needles.

### How should I take KALETRA?

- You should stay under a doctor's care when taking KALETRA. Do not change your treatment or stop treatment without first talking with your doctor.
- You must take KALETRA every day exactly as your doctor prescribed it. The dose of KALETRA may be different for you than for other patients. Follow the directions from your doctor, exactly as written on the label.
- Dosing in adults (including children 12 years of age and older): The usual dose for adults is 3 capsules (400/100 mg) or 5.0 mL of the oral solution twice a day (morning and night), in combination with other anti-HIV medicines.
- Dosing in children from 6 months to 12 years of age: Children from 6 months to 12 years of age can also take KALETRA. The child's doctor will decide the right dose based on the child's weight.
- Take KALETRA with food to help it work better.
- Do not change your dose or stop taking KALETRA without first talking with your doctor.
- When your KALETRA supply starts to run low, get more from your doctor or pharmacy. This is very important because the amount of virus in your blood may increase if the medicine is stopped for even a short time. The virus may develop resistance to KALETRA and become harder to treat.
- Be sure to set up a schedule and follow it carefully.
- Only take medicine that has been prescribed specifically for you. Do not give KALETRA to others or take medicine prescribed for someone else.

### What should I do if I miss a dose of KALETRA?

It is important that you do not miss any doses. If you miss a dose of KALETRA, take it as soon as possible and then take your next scheduled dose at its regular time. If it is almost time for your next dose, do not take the missed dose. Wait and take the next dose at the regular time. Do not double the next dose.

### What happens if I take too much KALETRA?

If you suspect that you took more than the prescribed dose of this medicine, contact your local poison control center or emergency room immediately.

As with all prescription medicines, KALETRA should be kept out of the reach of young children. KALETRA liquid contains a large amount of alcohol. If a toddler or young child accidentally drinks more than the recommended dose of KALETRA, it could make him/her sick from too much alcohol. Contact your local poison control center or emergency room immediately if this happens.

### Who should not take KALETRA?

Together with your doctor, you need to decide whether KALETRA is right for you.

- Do not take KALETRA if you are taking certain medicines. These could cause serious side effects that could cause death. Before you take KALETRA, you must tell your doctor about all the medicines you are taking or are planning to take. These include other prescription and non-prescription medicines and herbal supplements.

For more information about medicines you should not take with KALETRA, please read the section titled "MEDICINES YOU SHOULD NOT TAKE WITH KALETRA."

- Do not take KALETRA if you have an allergy to KALETRA or any of its ingredients, including ritonavir or lopinavir.

### Can I take KALETRA with other medications?\*

KALETRA may interact with other medicines, including those you take without a prescription. You must tell your doctor about all the medicines you are taking or planning to take before you take KALETRA.

### MEDICINES YOU SHOULD NOT TAKE WITH KALETRA:

- Do not take the following medicines with KALETRA because they can cause serious problems or death if taken with KALETRA.
  - Dihydroergotamine, ergonovine, ergotamine and methylethylergonovine such as Cafergot®, Migranal®, D.H.E. 45®, Ergotrate Malcate, Methergine, and others
  - Halcion® (triazolam)
  - Hismanal® (astemizole)
  - Orap® (pimozide)
  - Propulsid® (cisapride)
  - Rhythmol® (propafenone)
  - Seldane® (terfenadine)
  - Tambocor™ (lecainide)
  - Versed® (midazolam)

- Do not take KALETRA with rifampin, also known as Rimactane®, Rifadin®, Rifater®, or Rifamate®. Rifampin may lower the amount of KALETRA in your blood and make it less effective.

- Do not take KALETRA with St. John's wort (hypericum perforatum), an herbal product sold as a dietary supplement, or products containing St. John's wort. Talk with your doctor if you are taking or planning to take St. John's wort. Taking St. John's wort may decrease KALETRA levels and lead to increased viral load and possible resistance to KALETRA or cross-resistance to other anti-HIV medicines.

- Do not take KALETRA with the cholesterol-lowering medicines Mevacor® (lovastatin) or Zocor® (simvastatin) because of possible serious reactions. There is also an increased risk of drug interactions between KALETRA and Lipitor® (atorvastatin); talk to your doctor before you take any of these cholesterol-reducing medicines with KALETRA.

### Medicines that require dosage adjustments:

It is possible that your doctor may need to increase or decrease the dose of other medicines when you are also taking KALETRA. Remember to tell your doctor all medicines you are taking or plan to take.

**Before you take Viagra® (sildenafil) with KALETRA, talk to your doctor about problems these two medicines can cause when taken together. You may get increased side effects of VIAGRA, such as low blood pressure, vision changes, and penis erection lasting more than 4 hours. If an erection lasts longer than 4 hours, get medical help right away to avoid permanent damage to your penis. Your doctor can explain these symptoms to you.**

- If you are taking oral contraceptives ("the pill") to prevent pregnancy, you should use an additional or different type of contraception since KALETRA may reduce the effectiveness of oral contraceptives.
- Efavirenz (Sustiva™) or nevirapine (Viramune®) may lower the amount of KALETRA in your blood. Your doctor may increase your dose of KALETRA if you are also taking efavirenz or nevirapine.
- If you are taking Mycobutin® (rifabutin), your doctor will lower the dose of Mycobutin.

### A change in therapy should be considered if you are taking

#### KALETRA therapy:

Phenobarbital

Phenytoin (Dilantin® and others)

Carbamazepine (Tegretol® and others)

These medicines may lower the amount of KALETRA in your blood and make it less effective.

### Other Special Considerations:

KALETRA oral solution contains alcohol. Talk with your doctor if you are taking or planning to take metronidazole or disulfiram. Severe nausea and vomiting can occur.

- If you are taking both didanosine (Videx®) and KALETRA: Didanosine (Videx®) should be taken one hour before or two hours after KALETRA.

### What are the possible side effects of KALETRA?

- This list of side effects is not complete. If you have questions about side effects, ask your doctor, nurse, or pharmacist. You should report any new or continuing symptoms to your doctor right away. Your doctor may be able to help you manage these side effects.

- The most commonly reported side effects of moderate severity that are thought to be drug related are: abdominal pain, abnormal stools (bowel movements), diarrhea, feeling weak/tired, headache, and nausea. Children taking KALETRA may sometimes get a skin rash.

- Blood tests in patients taking KALETRA may show possible liver problems. People with liver disease such as Hepatitis B and Hepatitis C who take KALETRA may have worsening liver disease. Liver problems including death have occurred in patients taking KALETRA. In studies, it is unclear if KALETRA caused these liver problems because some patients had other illnesses or were taking other medicines.

- Some patients taking KALETRA can develop serious problems with their pancreas (pancreatitis), which may cause death. You have a higher chance of having pancreatitis if you have had it before. Tell your doctor if you have nausea, vomiting, or abdominal pain. These may be signs of pancreatitis.

- Some patients have large increases in triglycerides and cholesterol. The long-term chance of getting complications such as heart attacks or stroke due to increases in triglycerides and cholesterol caused by protease inhibitors is not known at this time.

- Diabetes and high blood sugar (hyperglycemia) occur in patients taking protease inhibitors such as KALETRA. Some patients had diabetes before starting protease inhibitors, others did not. Some patients need changes in their diabetes medicine. Others needed new diabetes medicine.

- Changes in body fat have been seen in some patients taking antiretroviral therapy. These changes may include increased amount of fat in the upper back and neck ("buffalo hump"), breast, and around the trunk. Loss of fat from the legs, arms and face may also happen. The cause and long term health effects of these conditions are not known at this time.

- Some patients with hemophilia have increased bleeding with protease inhibitors.

- There have been other side effects in patients taking KALETRA. However, these side effects may have been due to other medicines that patients were taking or to the illness itself. Some of these side effects can be serious.

### What should I tell my doctor before taking KALETRA?

- If you are pregnant or planning to become pregnant: The effects of KALETRA on pregnant women or their unborn babies are not known.
- If you are breast-feeding: Do not breast-feed if you are taking KALETRA. You should not breast-feed if you have HIV. If you are a woman who has or will have a baby, talk with your doctor about the best way to feed your baby. You should be aware that if your baby does not already have HIV, there is a chance that HIV can be transmitted through breast-feeding.
- If you have liver problems: If you have liver problems or are infected with Hepatitis B or Hepatitis C, you should tell your doctor before taking KALETRA.

- If you have diabetes: Some people taking protease inhibitors develop new or more serious diabetes or high blood sugar. Tell your doctor if you have diabetes or an increase in thirst or frequent urination.

- If you have hemophilia: Patients taking KALETRA may have increased bleeding.

### How do I store KALETRA?

- Keep KALETRA and all other medicines out of the reach of children.
- Refrigerated KALETRA capsules and oral solution remain stable until the expiration date printed on the label. If stored at room temperature up to 77°F (25°C), KALETRA capsules and oral solution should be used within 2 months.
- Avoid exposure to excessive heat.

Do not keep medicine that is out of date or that you no longer need. Be sure that if you throw away medicine away, it is out of the reach of children.

### General advice about prescription medicines:

Talk to your doctor or other health care provider if you have any questions about this medicine or your condition. Medicines are sometimes prescribed for purposes other than those listed in a Patient Information Leaflet. If you have any concerns about this medicine, ask your doctor. Your doctor or pharmacist can give you information about this medicine that was written for health care professionals. Do not use this medicine for a condition for which it was not prescribed. Do not share this medicine with other people.

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Ref.: 03-5239-R8

03A-036-6510-1 MASTER

Revised: January, 2003

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# Chameleon Aisha Cain

Photography by Jeff Novak

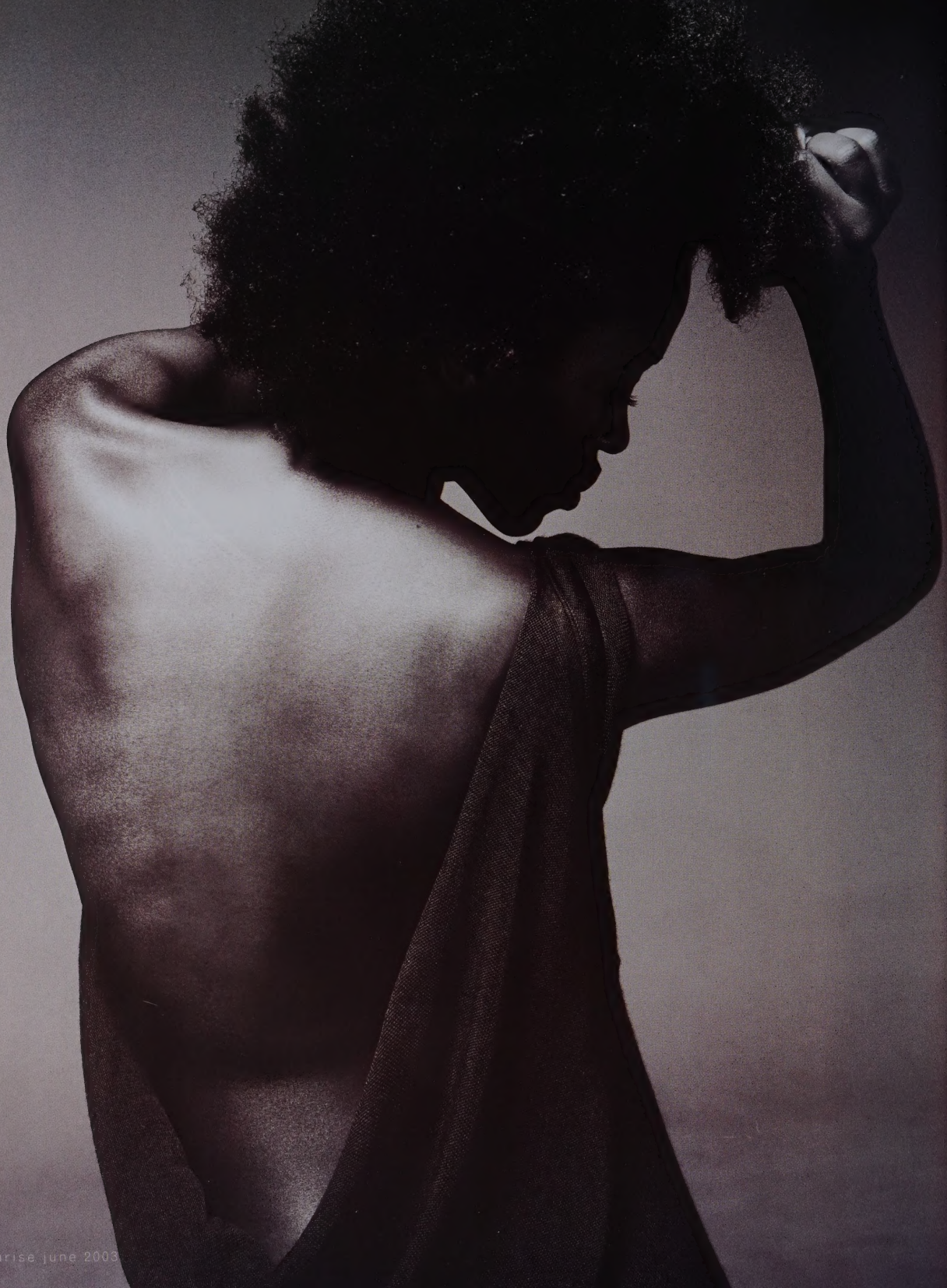
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Model Aisha Cain

Hair/Makeup Lizrizo.com















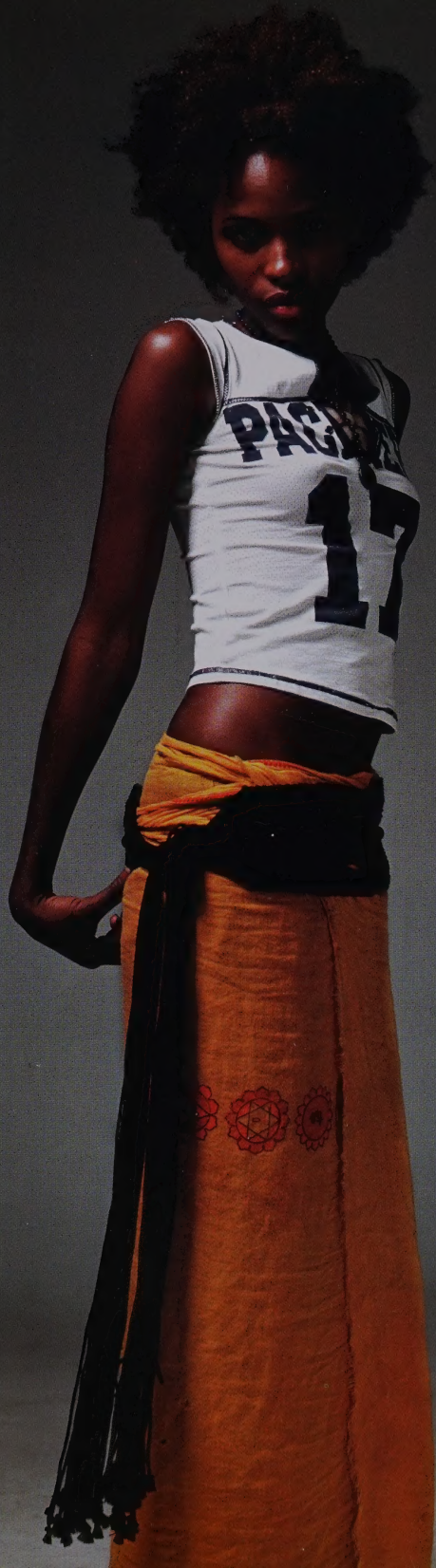










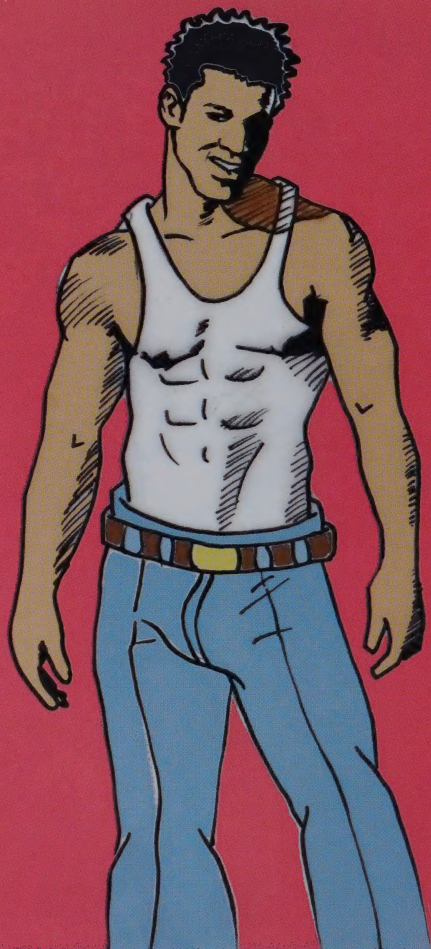




# Deconstructing Banjee Realness

(a comment of gay black  
identity and masculinity)

by Tim'm T. West



Banjee. That was the identity I was given back in the summer of 1991, when I, half out/half in, approached the colored museum of the Christopher Street piers. I was new to the life, so I had no reference for what people were talking about, but I soon gathered that "banjee" meant that I wasn't a "queen." Whatever the terms of identification, all I knew was that there was one thing that brought both the banjees and the queens (and whatever lies between) to the pier: we were men who loved men. An anxious 19 year old, I wore my banjee realness designation like a badge of honor. True I could go from Christopher Street to the corner b-boy/emcee ciphers at Rochdale Village (Queens) with relative ease. It wasn't exactly comfortable having my boyz talk about "fags" as if I was not there. Nor was it exactly comfortable disclosing my attraction to men in such a setting. It wasn't exactly comfortable dealing with being a basketball playin b-boyin' body in the gay circuit. Nor was it comfortable admitting to these gay men, that I was entirely resolved with my sexual identity, and didn't see myself as any more a "man" than they. I deplored top/bottom conversations cloaked underneath "so what are you into?" smoky club whispers. "I like hip hop, house, writing, shootin' hoops." I didn't know that the question of what I was "into" was purely sexual, and it always went over my head. That is, until a queen schooled me on how my masculinity was something that carried great weight, not only in the gay world, but the straight world as well. I sometimes saw it as a burden. I had no issues with people knowing that I was gay, and grew tired of explaining to people that my "liking dudes" wasn't some experiment or phase.

I am a man. I am a black man. I am a gay-identified black man. Yes, I have dated women; though, interestingly, I have only done so as a gay-identified man. You see, I came out through experiencing Isaac Julian's "Looking



for Langston" and Marlon Riggs' "Tongues Untied." I came out through Audre Lorde and bell hooks. I came out through "Pomo Afro Homo" and Essex Hemphill lyricism.

That was a different time, when most of the boys in my collegiate cohort identified as banjee. We were "out" on campus and more or less in the community at large. It was North Cackalacky school boy realness: Duke, UNC, NC State, NCCU, Shaw, A&T. We were resolved about our attraction to men...in fact, we often wore it like a badge of honor...getting a kick out of seeing girls gag when we dared to display affection publicly because "[we] didn't look like no faggot." This banjee identity we assumed was a very different identification than the more contemporary homo-thuggin, homiesexualizm, DL identity that many gay men romanticize. I was told by one brotha who thought I would be his "trade" that I had too many books in my apartment, and that he thought I would be "different." His loss.

I sometimes wonder what kind of statement it makes that some in our community prefer a man who identifies as straight, is a baby daddy, and might call you a "faggot" if his boyz came around and he didn't want his boyz to get the "tea."

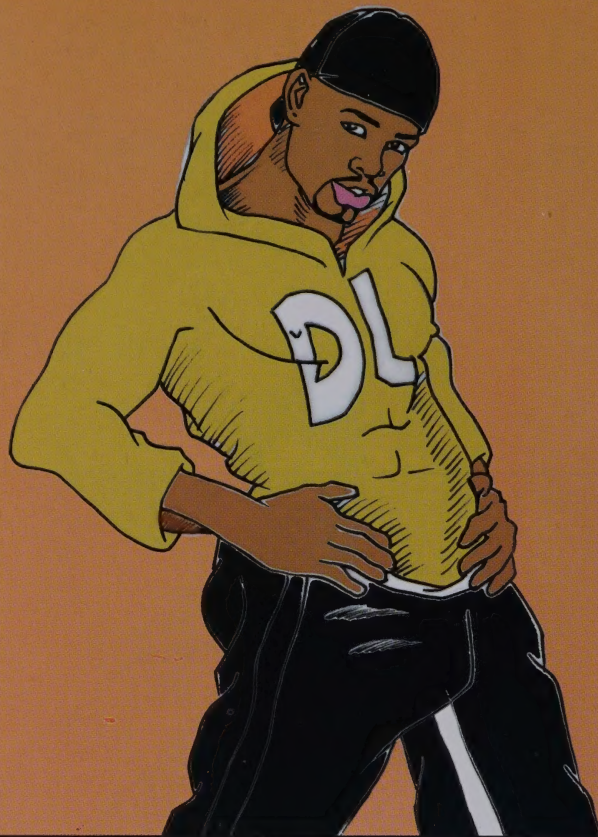
I'm 30 now. I've seen my own personal transition of going from a banjee who was initially very uncomfortable being seen with more effeminate gay men to a man who is not only comfortable with the vast spectrum of gender diversity among gay brothas, but who has actually come to appreciate it. As a rapper who relishes on-stage crotch grabbin with my fellow deep-dickcollective cohorts, it's all the more pleasing when there's a snap diva or drag queen at the show screamin "go in!" Their brothas are finally starting to represent for them after them taking all the heat while we remained silent and closeted.

And yet the troubling and tense thing about this banjee identity is that, depending on where you are and the community's familiarity, it can mean everything, nothing, or something entirely different from what one intends. On the West Coast, it has almost no resonance, except to "date" you as an old school "fag" from the 90s. Which is funny.... Who would



Illustration by Claibourn Hamilton





have thought that the 90's would have been thought of as "old school?" But gay years, are different...so they say. If nothing else, in this culture where hip hop is so predominant as a cultural medium for people to express identity, I'm happy that there are kids growing up to see the possibility of identities not before given much visibility. In high school, I thought that I was the oddest creature because, while I was resolved in my attraction to men, every representation of gay men I'd seen was an effeminate Blaine/Antwon parody. I didn't have anything against the queens, but wondered if there were guys out there who loved men and who loved ESPN, b-boying, and boy scouting. I came to discover that I was not an anomaly. It literally saved my life to know that there were "just dudes" who were gay.... Though it initially sent me

into this "banjee only" internalized homophobia that was marked by my discomfort with effeminate men.

I recently noticed that I've challenged how banjee personality expresses itself in terms of my attraction to other men. I've oddly gone from liking only men who were as masculine as myself (if not more) to finding something incredibly seductive about a brotha with a lil sugar in his tank (...just a tad). All this to suggest that I think that becoming more comfortable with "sexuality" generally, has been about becoming more comfortable with my own. Though D/DC and other brothas on the "out" banjee frontier have created quite a paranoia among hip hop essentialist who thought they knew what gay looked like or didn't look like, I'm happy that some young lil' football playin, butt scratching, brotha with a baritone might see his self reflected in something not radically different from his self. And I'd like to think that his struggle to love that self would therefore be less of a struggle than it was for me. It's equally important though, for him to see that men can be comfortable in their masculine skin and at the same time, comfortable and at ease with brothas who aren't so masculine.

Hey...just scattered banjee boy thoughts by a brotha whose terribly afraid my banjee membership is expiring. The b-boy look, each year, looks more and more ridiculous-- especially now that I teach and mentor youth who I appreciate having stylistic distinction from. If nothing else, it's a drop among many in the well of conversation about gay men and masculinity that I think is crucial to our collective healing. So here's to banjee boys and sissy boys alike: You Betta Work!

Tim'm T. West is an author, scholar, educator, journalist, and rapper living in Oakland, CA. He is 25percenter of Deep Dickollective, a crew of homiesexuals who carry the tradition of gay Griots through lyricism and the spoken word. D/DC just released an EP "Them Niggaz Done Went and Said" which is the preview to the forthcoming "Famous Outlaw League of Proto Negroes." Tim'm also just published his first book: "Red Dirt Revival: A poetic memoir in 6 Breaths." His muse-ic and he/art can be found at: [www.reddirt.biz](http://www.reddirt.biz).





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02J-036-4961-8

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# PASSING

In prefacing his proclamation, he asked that I suspend my judgement, because he anticipated stern disapproval. Essentially, he proclaimed, "From this day forward, I will no longer publicly identify as half-black." Because my friend looks like a typical white male, I now assumed he'd allow people to take for granted that he was one. (I knew that he wouldn't verbally lie, just be evasive. He's good at that.) He went on to explain that he didn't want in any way to be limited in life any longer. In other words he wanted some "White privilege." But I didn't have the heart to tell him that nowadays Whiteness doesn't buy nearly as much privilege as it used to. (America's future will be less and less about race and more and more about class.)

To his surprise (and mine), though, I informed him that he'd made a wise decision. I kept thinking about how with greater and greater frequency our conversations have ended with me exclaiming, "God, you're White!" The first time he (let's call him Evan) and I went to a club years ago, I in my haste to pursue my own agenda went off to mix and mingle. Because he'd come at my invitation, he was too through when I abandoned him for the greater part of the evening. When he confronted me angrily, he had only one question: "Why are black people so rude?"

In one particularly irritating discussion, Evan assessed young black women. "They're loud, ignorant, bossy, mean-spirited, and callous," he opined. On what exactly was all this based? During O.J. Simpson's trial, he had spoken with numerous black women who all said essentially the same thing about Nicole Simpson: "That White B---- got what she deserved!" When I tried to explain that this wasn't a comment about Nicole Simpson's death, but exemplary of black women's very troubled relationship with white women who marry successful black men, he still found "the crime" inexcusable.

That my friend would choose to be White (which is an identity, mind you) seems fitting. He has lived his entire life in a white middle

class community. He was raised by his mother who is white and her parents. And for a substantial period of his life, he didn't even know that his father was black. So his identification makes perfect sense, although it has taken him quite a while to get where he is today.

Evan found out he was black around age 8. Until then, he'd had no inkling about his true heritage. And it has taken him decades to work through all the racial bull that has been heaped upon him. After all, it's quite jarring to realize that all the nigger jokes at dinner were really about you. In fact, for the past few decades he has been defiantly vocal about his true racial background, confounding white folks near and far with the surprising truth. Having fought this battle, I think he, fortunately, now realizes where he belongs, or at least fits best.

For instance, when Evan joined me and a couple of buddies for lunch, he casually mentioned during conversation that he prefers white men over black men. Since my buddies, both black gay men, knew that he was biracial, a hostile debate ensued. While I understood my friend's position (remember I think he's White), my buddies thought he was a self-hating "Negro," which would probably be a common assumption by most black folks who were aware of his pedigree. Not only does my friend lack black cultural connections, the rootedness that makes one Black, more importantly, he refuses to open himself up to new cultural knowledge that might drastically alter old perceptions. This was evident in the exchange about O.J. and other talks we've had.

As a child my friend always associated black people with poverty, a powerful image that encompasses more than financial status. Not long ago he asked me why neighborhoods deteriorate when black people move into them. I explained that black arrival in white areas is often accompanied by property-plummeting fears, which causes "white flight"—white residents, businesses, and resources disappear, followed by class changes over time. This explanation did little to change perception, because he's terrified since



blacks are currently moving ever closer, year by year, to his quiet little neighborhood.

In fact, Evan confessed to me that being Black is limiting for him psychologically, that the very condition itself somehow imposes a pessimistic future. With the spectre of racism looming overhead and the baggage of history dragging behind, he becomes less self-assured, less driven, even less resilient. As a White male, however, he allows himself a generously optimistic vision of the future, one cushioned with enough racial entitlement to create a psychological level of comfort and ease that's freeing; actually, it's a real motivator. (I didn't bother telling him that it was all designed to work that way, especially his complicity).

Because Evan, in terms of lived experience, can only identify as a White male, it's healthier psychologically for him to live that way too since he can.

During a conversation recently, my friend shared one of his shoddy racial theories, to which I responded the proverbial, "God, you really are White!" To counter my usual assessment, he then called attention to his liberalism as a way of separating himself from the desperate, backward yokels he's told me so much about. He was patting himself on the back, as it were, for being an enlightened White male, which was unimpressive to say the least. I mean, if he really were enlightened he'd be more of a race traitor, a member of that group of white folks who go about exposing Whiteness as political fiction--an arbitrary, socially constructed demarcation designed to elevate one group above another, creating an illogical racial order that, at root, is uncivilized. My friend doesn't think this way at all, because like most white people, he's too preoccupied . . . believing in his Whiteness.



*Jean Pierre Campbell is a Chicago-based writer whose work has been featured in SBC, KICK!, Venus, Essence, Nightlines, and Chicago Defender. Currently, Jean Pierre has column in BLACKlines, an African American LGBT monthly publication.*

**nuevo:** [nu.wāv.o] **new** /adj.

1. recently begun, made, built.
2. different.
3. just beginning to be used; fresh.

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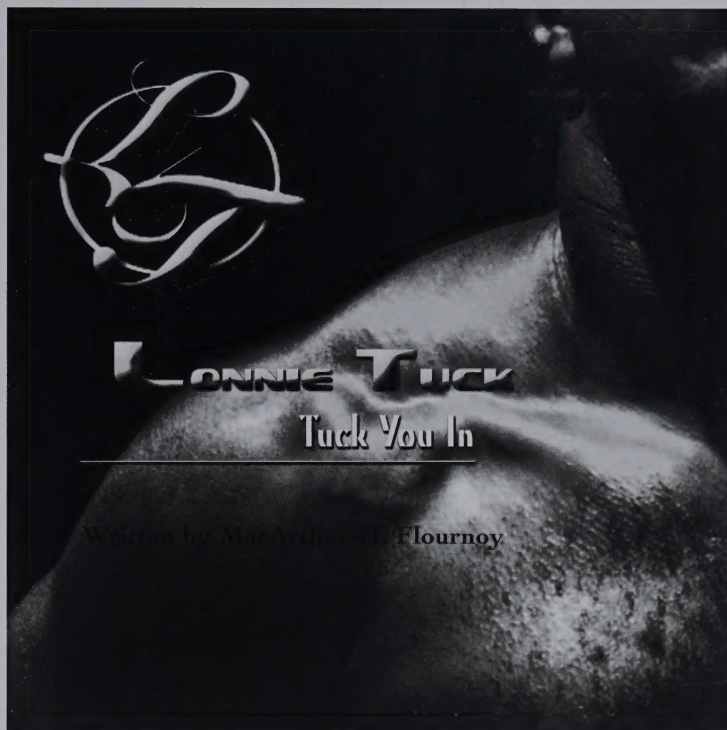


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I want people  
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to Soul music  
and back to love.

Lonnie Tuck,  
Singer, Producer,  
Songwriter



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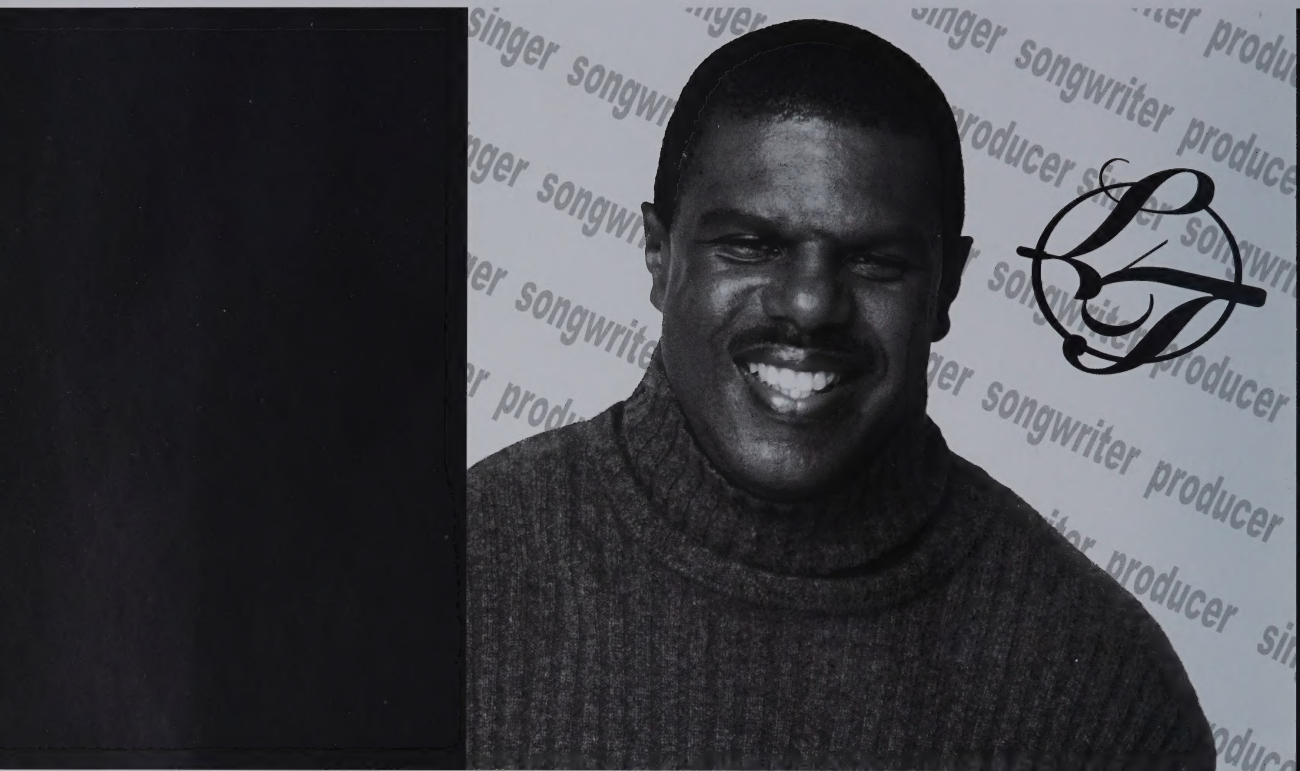
onnie Tuck, singer, producer and songwriter is the fabled small town talk boy, who grew up singing gospel in church, moved to the urbane likes of San Francisco and makes it big. Well, just about. The silken voice balladeer's self titled debut project "Tuck You In" is sure to set the tone for romance, quixotic evenings and late breakfasts leaving a memorable mark on the hearts and minds of all those who would dare listen.

Tuck offers pure vocal ecstasy, rich in flavor on the order of Luther Vandross, Donnie Hathaway with hints of Will Downing. Still, in the face of such comparisons this brother bears recognition for a sound that is uniquely his. The sound is distinct, fluent and fresh.

Lonnie Tuck has sung alongside the best including R&B songwriter, producer, keyboardist Rex Rideout who has produced for Luther Vandross (Secret Love 1998) Angie Stone (Black Diamond 1999) Will Downing and Mary Jay Blige (Share My World 1998).

Lonnie has also performed with gospel recording artist Wesley Boyd and Richard Smallwood. Currently Lonnie can be heard on flutist Gerald Becketts' CD "Blackeyes" which has reached number 40 on the Jazz charts.





This month, Tuck will release his much-anticipated project "Tuck You In." Having listened to the sultry tunes on Tucks compilation, this writer can attest to beauty and pleasure that that will fill your heart.

The musicians for the project are known as the "Skuby Snax." Tuck defines them as "a group of gifted musicians who serve as my band. They are a power Quartet made up of Drums- Woo Baby (William Woodley), Bass- R-Dub (Rick Warren), Keyboards- Dr. Dee Spenser and Eamonn Flynn and Flute played by Gerald Beckett."

When asked what was his source of inspiration for this project, Tuck replied "My sources of inspiration are God our Father, Magic Johnson, Oprah Winfrey and Rev. Dr. Yvette Flunder. These people have inspired me to live my life fully."

Tuck has a very clear ambition for "Tuck You In."

His intention is clear. "I want people to return back to Soul music and back to love," notes the artist, and if Tuck has his way, his sound will leads them there.

To learn more about Lonnie Tuck or "Tuck You In," check out [www.lonnietuck.com](http://www.lonnietuck.com).





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ABOUT LIVING AT THE

INTERSECTION OF GENDER

Often I am asked why can't I go beyond the label of Queer or Transgender or Aggressive or Butch etc. I'm told that my assertion of self helps to further perpetuate the divisions I claim to want to transcend. Then when I begin to explain the level of discrimination and the abuse I go through in this country, I am told to stop "getting caught up in myself." How many selves share in this experience with me? How many numbers does it take for the pain to be valid? How many numbers does it take for it to be a worthy enough cause for support? Although the length of this article is not able to completely analyze the impact of gender in our world, I pray that the discourse serves to spark dialogue and shed some light on an otherwise dark subject. (note: The term womb-man is another term for a transgender F to M who respects the female body he is in. The same as a male womyn).

Some of my earliest memories of gender are discovering that I didn't feel like a girl on the inside. My fantasies revolved around riding BMX bikes and skateboards. I wanted to master computer programming and play the Bass Guitar. Not to say girls don't like those things, but most of the girls that I grew up with didn't share my interest. Then there was the game of house. The girls always wanted me to play daddy. What can I say?

It wasn't all fun and games. In my formative years, I was afforded an opportunity to discover the dangers of expressing a gender that is not in alignment with society's expectation of your sex. The boys in my neighborhood



practiced a game called catch a girl-get a girl. The game involved simulated rape scenarios. The boys would chase a girl of his choice until he caught her. Of course all the girls would run, because nobody wanted to be caught. 'Even dough we know sum ah dim gurls wanted to be caught.' If the boy were able to catch the girl, he would hold her down and gyrate on top of her until he grew weary or experienced the sensation he was seeking.

This child's play eventually led to me being gang raped at 8 years old. I spent 6 months punching myself in the womb. This was my version of the day after pill. My sex education was limited. My eight-year old mind deduced that even if I did not have one yet, my cycle could have been coming that month. I never told anyone until I was an adult. Like many rape survivors, I was frightened that I would be blamed for the violation. Often I am asked if I believe it was the abuse that caused me to become male. My expression of self was very much male before these things happened to me. It was as if my maleness incited those young boys to remind me of my place.

I recently witnessed a similarly disturbing response while attended a Native Pow Wow. I am quite fond of dancing. Listening to the rhythms of the Drummers, I began to infuse my martial stick fighting and what I had learned of Native American Fancy Dancing. I was approached by a group of young boys ranging from ages 4 – 12. Their ethnicity included Native American, African American and Euro-American. They were initially impressed by my dance. Then when I spoke they questioned my gender. After telling them that I was a womb-man, they began to threaten me. This experience, both comical and horrifying, allowed me to peer at the naked immature male

ego. I realized that I somehow posed a threat. Why else would they become violent? I dare not attempt to answer that question in this article, but it is an important issue worthy of further thought and conversation.

My maleness was met with opposition in other ways. I remember being told not to act like that "butch woman ova there...That is most un-lady like." My mother said those words with venom. This warning was a clear indication that my true nature was to be changed. That is if I intended to be an exceptable "lady."

I acquiesced and played the game. I wore the press and curl. I wore the prom dress. I did my best to act like a girl. I spent many years unable to explain why I was so uncomfortable in my own skin. In this process of self-discovery, I gave birth to my salvation. Six years ago my daughter was born. Although I no longer seek romantic relationships with men, she was conceived in love. Although her father and I are unable to have a successful conversation without mediation, she was conceived in love. Her light and glow have helped me to keep my focus.

Living as a female warped my perception of reality. It caused me to develop an emotional dyslexia. I had all the inner feelings of a male, but society encouraged and/or forcefully required me to respond and perceive the world as a female. It certainly expands one's perspective. When I came to terms with being transgender, I was finally able to order my universe in a way that made sense. Through self-acceptance, I developed more confidence to trust my own inner truth.

Doing research on the Queer experience from a cultural point of view has taught me that



the resolution of this "emotional dyslexia" is inevitable. Patrice Malidoma Some, an Initiated Elder and Shaman of the Dagara people of Burkina Faso says:

"...among the Dagara people, gender has very little to do with anatomy. It is purely energetic. In that context, a male who is physically male can vibrate female energy, and vice versa. That is where the real gender is. Anatomic differences are simply there to determine who contributes what for the continuity of the tribe...

The gay person is looked at primarily as a "gatekeeper." The Earth is looked at, from my tribal perspective, as a very, very delicate machine or consciousness, with high vibrational points, which certain people must be guardians of in order for the tribe to keep its continuity with the gods and with the spirits that dwell there. Spirits of this world and spirits of the other worlds. Any person who is at this link between this world and the other world experiences a state of vibrational consciousness, which is far higher, and far different, from the one that a normal person would experience. This is what makes a gay person gay....

They (the gays) know what their job is. You just have to get near them, to feel that they don't vibrate the same way. They are not of this world.

In African Cosmology, Queer people were considered divinely created to help the world to connect with spirit. The view that "the gays" are an integral part of the continuum of the society is not exclusive to Africa. Patricia Nell Warren speaks of the Native American worldview sees the Queer person:

"Now and then, a person's karma dictates that both male and female are coming into substance together. These are the Two Spirit people. Sometimes their dual nature is actually visible in their genitalia, which may include both male and female features. In other cases, the influence of the spirit-world twin is simply felt as an overriding influence coming from the invisible. This explains the urgency with which some transgender people wear clothing of the opposite gender, or seek

sex-change surgery. They are not imagining things when they feel that they are 'women in a men's body,' or 'men in a woman's body'."

It was believed that with this dual nature came certain gifts. Claire R. Farrer, an anthropologist explains:

"Multigendered adult people at Mescalero are usually presumed to be people of power. They are often called upon to be healers, or mediators, or interpreters of dreams, or expected to become singers or others whose lives are devoted to the welfare of the group. If they do extraordinary things in any aspect of life, it is assumed that they have the license and power to do so and, therefore, they are not questioned."

Admittedly, patriarchy and homophobia (two very complimentary forms of oppression) has caused me to look critically at men. With me being of African descent, I have been particularly critical of Black men. I have found myself uttering the infamous black woman quotes. "Why you gotta be so angry?" "Why can't you just get a job?" "You always think somebody out to get you!" How limited my view was. Once I began to be treated as Black male, I was able to perceive a reality previous unavailable to me.

The transition into adulthood has been a challenging initiation. In this process I have admittedly fallen prey to some of the pitfalls of male aggression. In the summer of 2002, I was arrested for domestic violence. The scenarios I witnessed throughout my childhood finally caught up with me. My then wife of a year and I got into an argument that became physical. The charges were later dropped, but I almost committed suicide in jail that night. I was filled with memories of crying silently while my step dad beat the crap out of my mom. Overcome with guilt, I could not believe that I had committed such an act. As I sat contemplating methods of suicide it was grace that kept me. Although we have decided not to remain married, I am blessed to have a nurturing relationship with my ex wife. Through counseling, we have learned how to forgive. Since then, we both have committed to living a life of non-violence. AuraNut thank you for continually inspiring me to manifest love.

I am not proud of it, but I too have raped a woman. I did not use much force to hold her down, but she said "No" during the entire act. Rape is more than a physical act. As she walked away looking as if she had just been molested, her last words echoed in me. She said, "Why did you take me like that?" How could I explain? Having survived rape, I should know better. Nevertheless, something about my newly discovered "maleness" needed to overpower her. "How dare she tell me no?" said the selfish immature ego. In a conflicting and life changing moment I understood the illusion of power. I also discovered how easy it is for rape to seep into the subconscious. This especially holds true for men in a society where so much of maleness is about having "dominance" over others. I realize now that I felt rape a male privilege. Praise the Goddess I have transcended such destructive notions. The love and forgiveness of that woman has allowed me to transcend my immaturity and the blame I have held against those boys for so many years. Thank you Goddess. Thank you.

Living at the "intersection," I have learned that within and without we have been given the task to unmask the illusion of opposition. Male and female are not opposites, but distinct compliments. Farrer notes: "Because they have both maleness and femaleness totally entwined in one body, they are known to be able to 'see' with the eyes of both proper men and proper women." Indeed there is much division between lines of gender and sexuality. By studying the worldview of indigenous cultures and creating alliances across these apparent lines of difference, I have gained an optimistic view of the future. My two-spirit eyes tell me that the victory is in the unity.

*AnuRa is a homeschooling parent, reading volunteer, dancer, astrologer, body builder, photographer, writer, yogi, martial artist and transgender womb-man, who believes there is a social and spiritual responsibility to being an artist. This "Eclectic Mystik" is currently studying Herbal Shamanism with a focus on healing in the Queer Community. AnuRa is a lover of nature who often hugs trees and whistles to birds. The Author can be contacted at lamAnuRa@aol.com.*



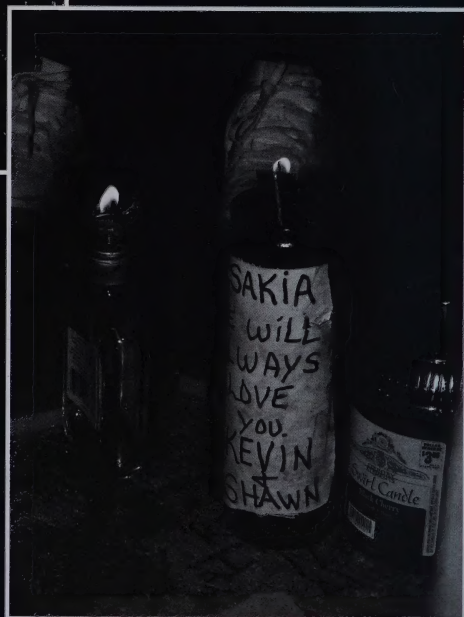
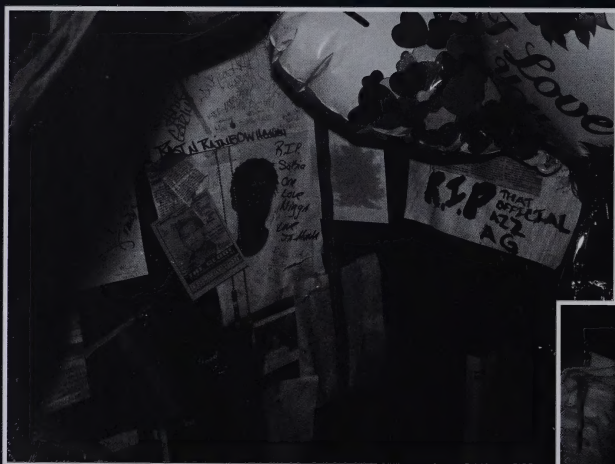


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# Sakia Gunn:







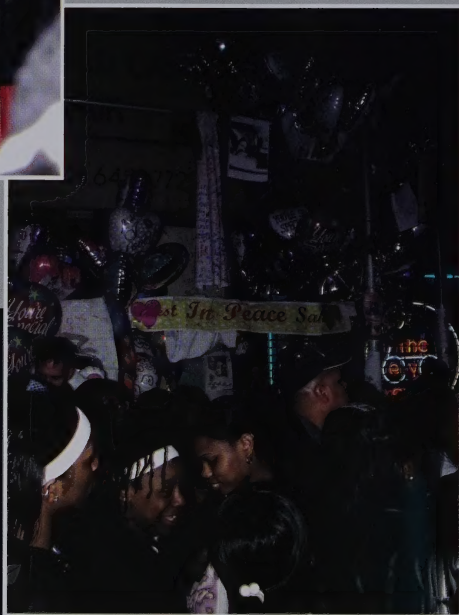
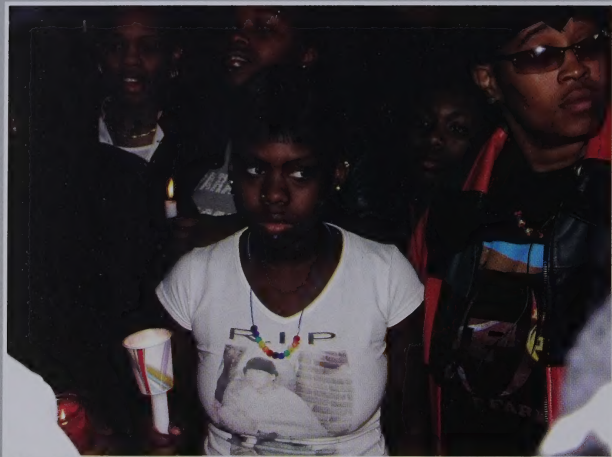
# A Life Stolen by Hate

E

arly Sunday May 11, 15-year-old African American lesbian teen Sakia Gunn was the victim of a fatal stabbing while waiting with four female friends for a bus in her hometown of Newark, N.J. Police say that Gunn, who was returning from a party in Greenwich Village, was attacked by two men who pulled up to the bus stop in a van and started flirting. After she and her friends rebuffed the sexual advances by telling the men they were gay, a shoving match began, and Gunn was stabbed and the two men fled the scene.

Newark police, who have yet to arrest any suspects, said they are treating the incident as a bias crime. On Tuesday police obtained an arrest warrant for 29-year-old Richard McCullough after their investigation identified him as one of the two men who fought with Gunn on Sunday.





G

unn, a sophomore at West Side High School, will be buried Friday following a 1 p.m. funeral at Perry's Funeral Home, 34 Mercer St. in Newark. A viewing from 11 a.m. to 1 p.m. will precede the funeral. A vigil will be held in Newark from 7 to 9 tonight at the corner of Broad and Market where Gunn was slain.

There will also be a protest at 3 p.m. tomorrow in front of Newark City Hall to raise awareness about the state of New Jersey not having adequate laws to protect gay rights. At both events, people will be wearing either white or rainbow colors that identify them as gay.

"The local response to this murder has been overwhelming," said Michael Young, GLAAD's Northeastern regional media manager, "and it's encouraging to see the Newark community come out in support of this young woman. We hope media attention of this case will increase awareness of anti-gay crimes in general. Journalists have the opportunity to not only cover Sakia's murder, but also explore hate crimes in a larger context."





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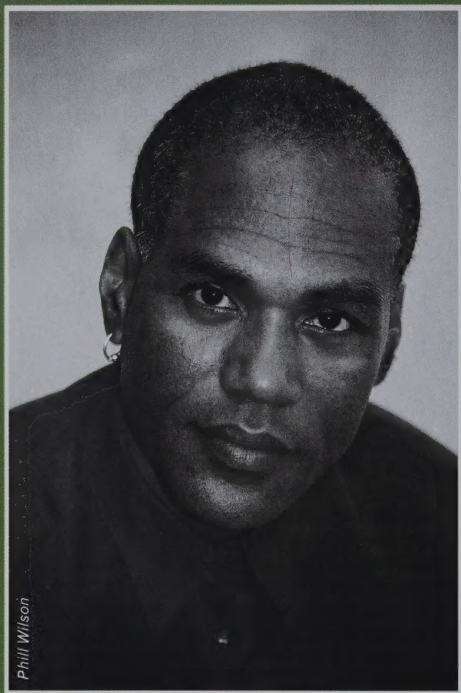
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phill wilson

## "AND IT'S ONE, TWO, THREE, WHAT ARE FIGHTING FOR?" COUNTRY JOE MCDONALD AND THE FISH



Phill Wilson

Now that the invasion is complete and the occupation of Iraq has begun, is it me, or does anyone else remember that the primary reason for bombing Iraq (at a cost of \$95 billion), killing 2400 Iraqi civilians, and putting 250,000 of U.S. military personnel in harms way, was because Saddam Hussein, the Iraqi dictator, supposedly had weapons of mass destruction and was an immediate threat to the United States?

First we said Iraq had nuclear weapons. Then we said there were biological weapons. Yet, to date no significant nuclear or biological weapons have been found, and there is no evidence to suggest that even if Iraq had weapons of mass destruction, that they posed an immediate threat to the United States. Given Iraq's inability to deploy conventional weapons, it seems unlikely they had the ability to launch any weapon from Iraq that could threaten U.S. territories and/or interest.

On April 17, the Centers for Disease Control and Prevention (CDC) announced a new initiative "aimed at reducing the number of new infections caused by HIV. There are approximately 40,000 new AIDS cases and 16,000 AIDS related deaths reported each year in the United States. Given the changing demographics of the HIV/AIDS pandemic (over 53% of new AIDS cases in the U.S. are Black and xxx% are women), and new technology, it is appropriate to re-evaluate the HIV/AIDS prevention strategies in the United States and the CDC should be commended for finally responding to a part of what people with AIDS and HIV/AIDS community based advocacy groups have known and been saying for years—current prevention efforts are not effective enough.

But, I fear, just like "Operation Iraqi Freedom" is neither about Iraq nor Freedom, the "Advancing HIV Prevention: New Strategies for a changing Epidemic" initiative is neither about advancing HIV Prevention nor the changing epidemic.





No one can disagree with HHS Secretary Tommy G. Thompson, when he says "The nature of this epidemic is changing and it is time to expand our prevention strategies in order to more effectively reduce the number of HIV infections in the United States."

The stated goals of the new CDC initiative are:

1. To reduce barriers to early diagnosis of HIV infection, and
2. Increased access to quality medical care, treatment, and ongoing prevention services.

While the new initiative calls for expanded access of HIV testing to non-clinical sites, it calls for the elimination of the requirement of both informed consent and pre-test counseling, allowing doctors to perform procedures on patients without their knowledge and performing tests on people without counseling them on what the tests are and what the results mean.

This will exacerbate the already suspicious environment in which some patients live and increase barriers to early diagnosis. Furthermore, the new initiative eliminates direct funding to community-level interventions.

One of the goals of this initiative, as stated in the CDC's official statement, is to prevent new infections by working with people diagnosed with HIV and their partners. Yet this initiative was designed and announced without any formal consultation with representatives of people living with HIV/AIDS or any public comment period.

Unfortunately, rather than "expand" our prevention strategies, the new CDC initiative shifts and narrows our prevention strategies.

HIV risk behavior occurs in a cultural and social context. Relying on individual interventions to the exclusion of comprehensive

approaches only ignores the evidence demonstrated by effective HIV prevention efforts in other countries. Furthermore, efforts to address smoking, seat belts, drunk driving and other health behaviors clearly show that prevention efforts must target communities and social norms to be effective.

In the end the question here is not whether the goals of this initiative are laudable. The question is will the strategies discussed in this plan be effective in preventing new HIV infections. This plan boils down to expanding HIV testing by removing patient protections and privacy. While testing is an important component of any effort to end the HIV/AIDS pandemic, an HIV test is not a cure. It is not treatment or care. An HIV test alone is not even prevention.

Terje Anderson, the Executive Director of the National Association of People with AIDS (NAPWA), points out "While it is essential to increase knowledge of HIV status to support individual and community health, it is equally important that those who test positive have access to medical care and essential services." The CDC is seeking to identify persons living with HIV, while care and treatment services like the AIDS Drug Assistance Program (ADAP) and the Ryan White CARE act are under funded and this administration is working to gut Medicaid eligibility for people with HIV/AIDS.

This initiative is not designed to expand comprehensive prevention efforts. It is not designed to get people with AIDS into care. It is designed to identify, isolate and punish. Just like bombing a people into submission does not a democracy make. Making HIV tests more accessible alone, does not a prevention strategy make!

Phill Wilson

[www.Blackaids.org](http://www.Blackaids.org)

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is up  
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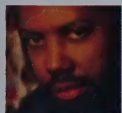
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# the many faces of pride

By Herukhuti

As we enter the season of pride festivities throughout the country and around the world, it seems appropriate to identify the reasons for feeling a sense of pride in our community. What do we have to be proud about? How can we nurture the reasons for our pride?

## OUR STORY

From the griots, healers, and mystics of our history in Africa to the artists, writers, and activists of our history in the United States, we have had a central and visible role in the development of our community. Through the hardships of slavery and the modern manifestations of sexism, heterosexism, and racism, same-gender loving people have not only survived but have also advanced the mission of community empowerment in various forms, contexts, and forums. We own businesses, direct organizations, add new theory and knowledge in scientific and scholarly communities, and influence public policy at the local, state, and national levels.

We must be ever vigilant to tell our own stories and record the journeys our lives take. At the individual and the organizational level, we must take deliberate care to document our place in the world. Projects like the Black Gay and Lesbian Archive ([bglanyc@yahoo.com](mailto:bglanyc@yahoo.com)) and the Black Gay Research Group ([www.blackgayresearch.org](http://www.blackgayresearch.org)) provide us with a repository of our experiences that we can utilize to find out more about who we are and contribute to the telling of who we are. These institutions must support us and we must support them.

## OUR SEX

Our sex is passionate, hopeful, empowered, and expansive. We contribute to the development of a human sexual ethic which privileges the naturalness of human desire and physical pleasure in healthy human interactions. Whether in the context of a long-term relationship or a booty call or a one-night stand with a beautiful person who just met at the club, our sexual behavior affirms the deeply human right to

experience love, affection, and physical affirmation. Our sex challenges repressive notions of implicitly "appropriate," "normal" sexual contact. We use our sense of sexual empowerment and sexual agency to create safe space for the exchange of sexual energy along the footstep-worn paths of parks and beaches, in the marble-clad stalls of public restrooms, on the hypnotic dance floors of clubs across the country, and in the rose petal-laced beds we offer to our 2am house guests.

We have several tasks as a community in this area. We have to develop and promote more affirmative, culturally relevant ways to view, understand, and examine our sexualities. The ways and forums for young people to come into their own in our communities have to be re-assessed for their effectiveness and appropriateness toward the development of healthy, empowered adult members of our communities.

We must also continue to interrogate the heterosexist images and values about sexuality that exist in communities of color and in the European-American community.

## OUR COMMUNITY

Black Prides are expanding across the globe. Our writers are writing our stories in literature. Our organizations enjoy decades of visible presence in our communities. There is a growing diversity of perspectives, ways of being, forms of sexual culture/practice, and resources within our communities. Our communities provide us with opportunities to explore the intersection of our African-ness and our sexual-ness in ways that weren't previously available as a result of our enslavement in the Americas. At the same time, we are under attack from conservative, racist homophobes that seek to suppress our sexuality and retard our sexual development. We are under attack from members of the





## building our communities, building our selves

African descent community who have internalized the homophobic messages and schizophrenic sexual attitudes of white America.

We can not withdraw into a community of closets. At a moment of magnificent potential and critical vulnerability, we must re-dedicate ourselves to the goals of social justice and sexual empowerment. We must find new ways to provide the necessary elements of development and growth to our communities. We must offer creative strategies for facing the newest challenges that face us while maintaining our vigilance in the areas in which we have made significant progress.

## OUR PRIDE

Empty pride results in failure and missed opportunities. Our pride must be based in the real work of building community and creating a more socially just world. Aside from the glamorous work of photo opportunities and speech making, the real world is the everyday private work in which we each engage. This work is about how we treat and view ourselves. This work is about how treat and view others. It's about the ways in which we examine our values and actions toward being more healing, loving, and constructive as forces in our communities.

The building of community includes all the intimate decisions we make and actions we take. The criteria you use to choose a lover affect the condition of our community. The principles that guide your friendships affect the status of our community. The decisions you make about how and where you spend money, pay for services, and contribute financially affect the health of our community. The ways and forms you use to connect with God and express your spirituality affect the nature of our community.

We each play a role in what our community is and what it will be. We are our best reasons for pride, if we only act with pride and live proud lives. Among the many faces of pride is yours.

*This column is dedicated to discussion of work and career, leadership and management, organization development and institution building. Please email your questions and suggested themes to Herukhuti at: [heru@profoundmoments.com](mailto:heru@profoundmoments.com). If selected, your question/theme will receive a published response in this column.*

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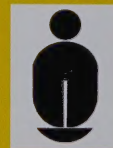
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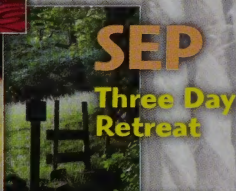
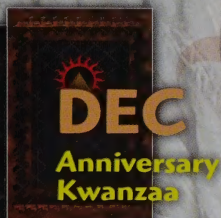
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by David Jacquot

















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# N'Dambi

## BACK FOR THE FIRST TIME AND ON THE RISE

PHOTOGRAPHY: ANTONIO SHELLMAN | STYLIST: ERIC HOLLIS



### What is the statement that you try to make with your music?

I try to express creative freedom. My music is art, the track is my canvas and my lyrics is the paint.

### Where does your music come from in you?

Music has always been inside me. I have always sung, I sang in the church as early as two years old because I was a preachers kid. Therefore I was going to sing in the church choir whether I wanted to or not. By the time I was five I was taking piano lessons and by age eight clarinet lessons. I was shaped as a musician. I regret not continuing music theory cause music theory has shaped my artistry.

### Why didn't you sign a major record deal before releasing two albums?

There was no place for my voice. I attempted to shop my first album around but the music industry felt uncomfortable with the sound. I had to showcase my music independently.

### How has your music experience been so far?

It's had its good points and bad points. I feel like I have no attachment to the industry. I'm parallel to it. The bad point is sometimes you make music and people don't get to hear what you do.

### What is your musical genre or do you even have one?

I don't have one because music for me is based around emotions. Nina Simone had no genre because she had such a wide scope. Roberta fLack didn't have a category, but because she was black she was R&B. I don't like to be classified because it limits the audience and then people expect you to make the music they know.

### Does spirituality reflect the decisions you make when making music?

Yes. If I make a song about love or being in love I don't use vulgarity cause I'm a mom and I am conscious of what I say and sometimes that does dictate the expression of the subject matter.

### What music are you listening to right now?

Old school hip-hop. Artist like Al Green, Cee Lo, Lenny Kravitz, you know people who talk about dancing and being at the party having a good time and meaning it.

### What is your favorite song on your CD?

Hi Pearl-C because it tells a story about wanting to be accepted but you can't find your niche. Your're being dictated to, who you are. Parts of it remind me of me, I believe.

### Are you ready for success?

So ready. I'm more than ready, being prepared and mentally ready have to match up and I have already achieved success. Now I'm ready to take it to the next level. Making a record and putting it out there is successful. Now being prepared is a process where I can loose the cocoon and come out a beautiful butterfly.

### Do you have any last thoughts?

Yeah. I want to just make good music and because I make music for me first. I know I lose that audience that major labels can introduce me to, but if the music I make makes people happy then that's a great thing.





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BE A CRITICAL THINKER and aware that in media (film, television, newspapers, magazines, etc.), public and private educational systems (schools) and some advertisements there are messages that may lead Black people to believe we are not as beautiful or as valuable as others.

Black parents talk with-not at-your children. Encourage their critical thinking capacity. Black children talk with-not at-your parents. Encourage their critical thinking capacity.

Exercise daily, drink plenty of water, and eat nutritious foods (fresh vegetables, low fat meats, minimal dairy products and sugar) during the week. Splurge, if you must, on weekends.

Be courageous, improve your life and seek wellness assistance. If you have food, sex, drama (fussing, fighting, violence) or substance use addictions, don't play yourself. Seek change.

If you are heterosexual, homosexual, bisexual and sexually active use protection (a fresh condom and water based lubricant). We live in the age of HIV, and for "us" its growing. Yet it's 100% preventable.

If you already know you've been sexually active and unprotected -- get a confidential HIV test and counseling.

Every time you pass a Brother or Sister in the street, even if they are homeless, speak. It won't cost you a thing.

Unlearn anti-Black thinking. Start with erasing the "N" word from your vocabulary. We are the descendants of enslaved Africans systematically turned against each other. We must actively counter this by affirming one another, even when doing so is a challenge.

If you are self-destructing -- overeating, oversexing, possibly depressed (listen up Brothers), or having a difficult time sustaining relationships, being a decent person or a good role model to children -- seek help. Doing so is a sign of strength, not weakness.

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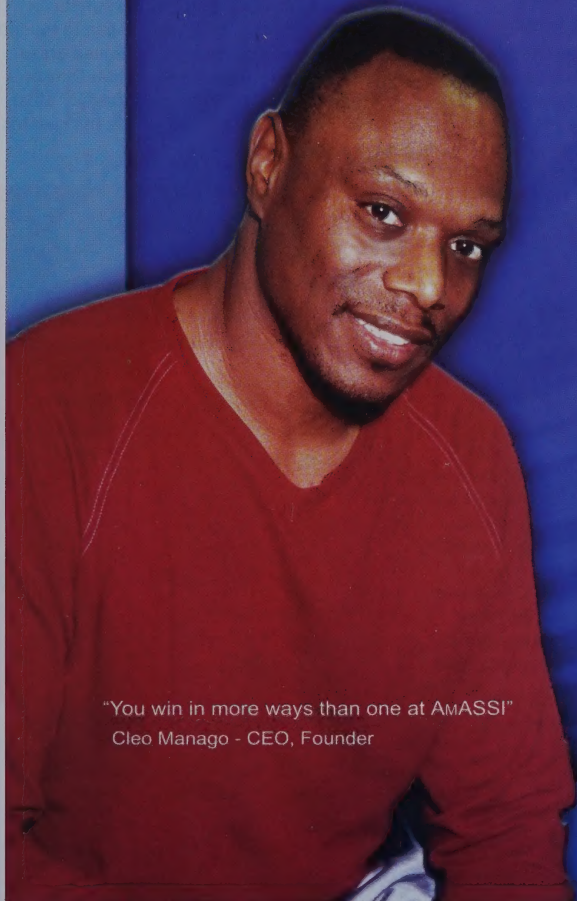
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**Earl, this is supposedly your last year as Pride President, but you've said that before and came back in the past. What's next for you?**

My term is up in the fall and I serve at the pleasure of the board. I stepped down before and was asked to come back to assist with Pride again. I was happy not being president and I am happy being president—it's really no big deal to me. It is a lot of work and while I will always be a part of DC Black Pride because of our mission, I don't have to be president. I would like to spend much more of my time working with the IFBP. I think that people like Johnny, Dorena Kearney, Wendell Carmichael and I, just to name a few, can really help the BP movement by giving people the benefit of our experience.

**What about you, JY? Earl has stepped down and come back. Any chance that will happen with you?**

Detroit's Hotter Than July has been about my personal growth for the last eight years. As President, I had to face many personal challenges with my own identity and affectionality. I've been determined not to let my own shortcomings hinder the mission of this grass-roots effort. I am a product of its purpose. It has instilled within me pride and confidence. So I could never quit Detroit's Hotter Than July and all the positives it has provided. I've been blessed.

My stepping down will allow someone else the same opportunity. Our community needs many leaders, not just one to resolve so many issues. The person or team that accepts Hotter Than July's future challenges will need access to the wisdom and experience I've been privileged to acquire. As an activist, it's my responsibility to make sure I continue to practice and support the basic premises of our Pride celebration. Anything less would be counterproductive.

The community's support has allowed us to

produce one of the country's longest-running black LGBT Pride celebrations here in Detroit. I was fortunate to have that commitment and faith. I believe others will, too. When they do, I will be there to provide support, advice or to work on a project-by-project basis. For now, I have other creative endeavors and more personal growth to pursue.

**Who will be the next President of DBG Pride?**

An announcement will be made in the fall. Whoever is in the position will need to be a good communicator with a grass-roots vision and a willingness to sacrifice for the best interest of the community. They will definitely need the continued commitment and faith from our other leaders. I will be available to transition those relationships if necessary.

The next eight years of Detroit's Hotter Than July will be critical. We have to continue to position our community to take advantage of Detroit's political environment. We've built sustainable bridges and have made very smart strategic alliances with local institutions and politicians. The next president will need to devise a plan to leverage the positives into economic and political strength. Visibility will be key.

**Looking back over seven years, what were the highlights and lowlights of DBG Pride? What do you take away from the experience?**

First, the lowlights are definitely outweighed by the highs. Some important friendships and associations were strained along the way, which is to be expected. It also gets frustrating to see my people prescribe so intensely to materialistic, antiquated ideals. American Blacks don't have such luxuries, given the state of our community. It's time to embrace certain realities, and claim our rightful place as Americans.

Detroit's Hotter Than July has given me a deeper understanding about the soul of black folk. I'm perched in a unique position where I see a lot of opportunity. I have a deep respect for the black LGBT leadership here in Detroit. They do incredible work everyday, with hundreds of people. It's been an honor to work for and with such dedicated individuals.

I am very proud that DBG Pride and Hotter Than July has remained an all-volunteer effort since its inception. No director, including myself, has ever been provided a salary or stipend. For an entity with no staff, I think we've done an incredible job. I felt it was important for the community to embrace the concept, which meant sacrifice and discipline. So, I'm leaving this organization in a very strong position.

I am very optimistic about our future. The fact that a black gay Pride of substance has endured in Detroit is a testament to the people's resolve. The concept of Detroit's Hotter Than July has only touched the surface of something bigger. It has just begun to tap into its own potential. So with continued grass-roots support, I have no doubt that Detroit will continue to provide a template for other black LGBT communities across the country.



*DC Pride takes place Memorial Day Weekend. Hotter Than July is set for July 24-27. For more information, visit the websites [www.dcblackpride.com](http://www.dcblackpride.com) and [www.hotterthanjuly.com](http://www.hotterthanjuly.com).*

*Brent Dorian Carpenter is a syndicated columnist and freelance journalist for two weekly Michigan newspapers, Between The Lines and The Michigan Citizen, where he covers Detroit's Black Gay community. The author of two novels, Man Of The Cloth and This Time Around, he will be book-touring this summer at several Black Gay Prides around the country. Email address is [candbcarpenter@prodigy.net](mailto:candbcarpenter@prodigy.net)*



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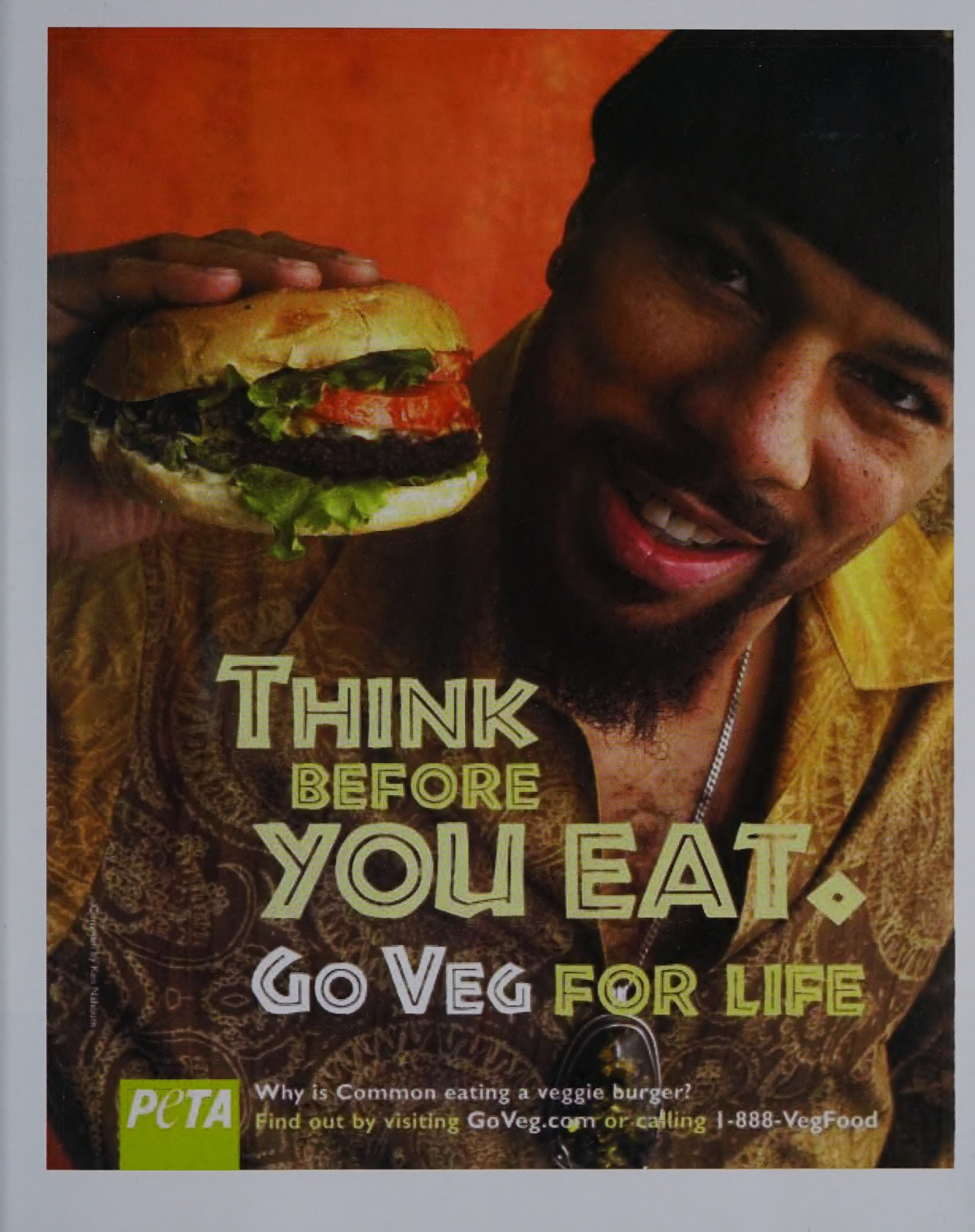
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A close-up photograph of a man with a beard and mustache, smiling and looking towards the camera. He is holding a large veggie burger in his right hand. The burger is on a bun and filled with lettuce, tomato, and a dark veggie patty. He is wearing a patterned, brown and gold shirt and a chain necklace. The background is a solid orange color.

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# Discover Our Love in San Francisco

## Monthly Events

### Black and Silver

Come to this ongoing potluck to celebrate growing older, getting wiser and staying young at heart.

AIDS Health Project, 1930 Market Street @ Laguna Street  
5/4 Sunday 3pm & 6/1 Sunday 3pm

### Black Like This

An urban art symposium to unify the black gay/bisexual community through art and artistic expression. Come share your art, dance, music, drama, hip hop, drag, performance art, poetry, beautiful spirit...or just watch the show!

STOP AIDS Project, 2128 15th Street @ Market Street  
5/12 Monday 7pm & 6/9 Monday 7pm

### Soul in the Woods

Join us for an amazing day in the SF Presidio to get outdoors and share our experiences as HIV- and HIV+ men. Rain or shine, we'll provide the gear to keep you safe, warm, and dry.

STOP AIDS Project, 2128 15th Street @ Market Street

with Black & Silver (older men) 5/16-17 Friday 7pm,  
Sat 9-6pm

with Q Action (under 25) 6/20-21 Friday 7pm,  
Sat 9-6pm

## Special Events

### Black Trade Obsession

5/28 Wednesday 7pm

Men who have sex with men, substances, dl men, playas, playa haters, the money games, tricks and the trade - it's the deal. Is it your deal? What are the politics in the black trade thang?

STOP AIDS Project, 2128 15th Street @ Market Street

### A Night with Tim'm West

5/30 Friday 7pm

Our black pearl, Tim'm West author of *Red Dirt Revival - a poetic memoir in 6 Breaths*, joins Our Love for an exquisite unforgettable night. Come as we heal, love and grow.

STOP AIDS Project, 2128 15th Street @ Market Street

### Have We Got Our Backs?

6/28 Saturday 1pm

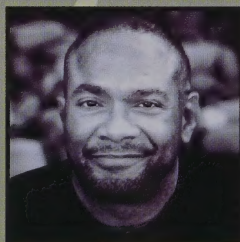
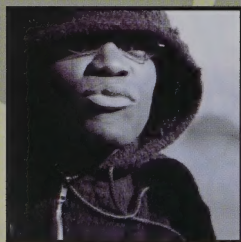
Too many of us are getting infected with HIV. How can we overcome such obstacles like environmental racism and homophobia within our communities to take better care of ourselves and of each other? Let's get to work.

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Rickey at 415.575.0160 ext 273.





# BLACK PRIDE S

## the jump off

By Clarence J. Fluker

f

or the past five years during the summer months on at least one weekend of the season if you were looking for me, you could have easily found me at the jump off! For nearly two decades black lesbian, gay, bisexual and transgender people in the United States, and now around the world have gotten together and created a series of celebrations that typically take place

in the summer months that make up what my friends and I simply refer to as "the circuit" and most others call Black Pride Season.

This year Los Angeles At the Beach will celebrate its fifteenth year, while DC in all her glory has proven that thirteen is a lucky number. From Chicago to New York, Boston to Philadelphia, St. Louis to Memphis, Jacksonville to Atlanta, Toronto to Cleveland, Oakland to Johannesburg,





## next generation

all across the world men and women of African descent are saying it loud, we are black gay and proud!

Official Black Pride events include workshops on health, lifestyle and education; receptions, cultural arts activities, festivals, picnics, marches and a host of other activities that work to build and sustain a healthy and inclusive community.

Black Prides work to encourage the coming together of all lesbians, gays, bisexuals, transgender people and allies of African descent from all age groups and every walk of life to celebrate and share the passion, pain, and power of loving and living with pride, and to build community. And with the emergence of promoters producing nightclub parties during the weekends of Black Prides, Black Pride celebrations have become the summertime jump off. As young people we must take full advantage of these times and utilize these weekends to be present, prepare ourselves and of course party and meet new people.

I have heard the question, "where are all the younger people?" too many times before. We exist in large numbers but too often we don't make our presence in the community known in many of the venues where we should be present. Pride after Pride I attend the workshops that most organizers develop, and absent are the faces of my peers. In the past in some cities, organizers have chosen to cut back the number of youth and young adult programming they produce during their Pride celebration because a large number of people didn't show up. Being present is a must, not just to learn from each other and share new ideas, or to fill empty seats in a room, but in order for us to be taken seriously by the community. We must show interest and actively engage in community building.

Being present is just the first step in preparing ourselves to take over when it is time for the torch to be passed to the next generation of community builders. We prepare ourselves to take over the roles of leaders by volunteering during Pride weekends and working with planning committees and host committees throughout the year. In order for the Black Pride movement to live on and thrive in the future, the information, processes and histories of them must be transferred to us by our elders as well as learned by us while actively participating.

And while Prides are fabulous affairs and tend to get even more fabulous each year with things such as additions to programming, headline entertainers and film festivals, what definitely contributes to making Black Prides the jump off are new people and the parties.

Part of the Pride experience is meeting new people some from your hometown and some folks who are just visiting. In larger cities the Pride celebrations attract literally tens of thousands of men and women, people who all share commonalities and differences and help create this beautiful and diverse body we call black gay culture. I have met some of my best friends during Pride celebrations, and had some of the most intriguing conversations with people who share a great number of my life experiences. It is a way to see that you are not alone and become connected with others in the community.

Prides are also places to party, and rightfully so. Living proudly as a person of color that identifies as a sexual minority in a white dominated heterosexual culture, we find ourselves living in a uniquely rich existence and existing in what often seems like two worlds while creating another one of our own. We have carved our own his/herstory, created our own traditions, lore, language, media and struggle to create a solid infrastructure for a community that continues to evolve. Black Pride's are indeed a time to celebrate our contributions, our shared community and ourselves.

If you have heard that Black Prides aren't worth going to, don't believe the hype. Go experience at least one for yourself. They are spaces to rejoice in the reality that we are strong in number; spaces to yell ashe and affirm our spirits, spaces to celebrate life and the Creator who created us in his perfect image, spaces to rejuvenate our commitment to community, spaces to come together as one.

Step outside your box and talk to people you wouldn't normally approach, both young and old. Attend a workshop or opening reception. Make yourself open for others to talk to you. Allow your mind and heart to expand to let in new knowledge and new people. Dance like you have never danced before. Simply have a good a time and take in the entire Pride experience for yourself.

As young adults, we must take advantage of these times and utilize these events to be present, making ourselves visible in a positive way, prepare ourselves for our roles as future leaders and community builders and like at any other festivity, meet and greet new people. This summer I will be attending several Black Prides and enjoying the company of my brothers and sisters. Over the next several months should you need to find me, east coasts, west coasts, worldwide --

I'll see you at the jump off!



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# René Marie





**T**he accolades keep coming for René Marie because she is true to herself and is grateful every day for the chance to sing for people. In December 1998, René finally resigned her day job at a bank in Richmond, Virginia, to pursue her singing dream fulltime. It was all at the urging of her brother who kept telling her, "Jump and the net will appear." This followed another brave move, leaving her husband of 23 years, because he told her not to sing anymore, not to record her first CD and threatened their marriage if she did. René's music had changed her and now it was changing her life in seemingly chaotic ways. How did she feel?

"Let me tell you, I walked out of that bank on that last day, and I felt like a ten-thousand watt bulb - powerful. I felt like a straight line - endless. Like a book with only blank pages - full of possibilities." The net appeared. Within two years, she finished her CD, heard herself on the radio, starred in a musical touring production, performed at Blues Alley in Washington, D.C. and was signed by MAXJAZZ. Her first two CDs, *How Can I Keep From Singing?* and *Vertigo*, topped the jazz charts and won AFIM (Association for Independent Music) Awards for Best Jazz & Cabaret Vocal. [Others nominated included Karrin Allyson, Jimmy Scott, Nnenna Freelon and Susannah McCorkle.] *How Can I?* was selected as one of the top five jazz albums of 2000 by SESAC (Society for Stage Authors and Composers), joining Tom Harrell, Stefan

Harris and Greg Osby as the best in their field. *Vertigo* was chosen the best jazz vocal CD of 2002 by JAZZTIMES and placed #9 in the UK's poll as best CD of 2002 in JAZZ REVIEW magazine.

Her 2nd CD also won France's Academie du Jazz award for Best International Vocal Album over submissions from Joni Mitchell and Cassandra Wilson. National Public Radio programs "All Things Considered" and "Jazz Set" featured René as one of the most innovative and exciting vocalists to come upon the jazz scene.

Much of the acclaim René has garnered comes from her stunning ability to bring stories to life through her singing. In addition, her melding of different musical styles, her compelling compositions and her electric live performances have entranced critics and audiences alike. On *How Can I Keep From Singing?*, she evoked real empathy and pain in her rendition of Nina Simone's "Four Women." On *Vertigo*, she stopped listeners in their tracks with her self-penned title track and her bold pairing of the confederate anthem "Dixie" with the anti-lynching lament "Strange Fruit." Like these CDs, *Live At Jazz Standard* is eclectic, full of emotional stories and vocal twists and turns. Unlike those CDs, this one captures the raw intensity and energy of René's dramatic live performances.

"Deed I Do" (Hirsch/Rose) swings fast and highlights René's distinctive vocalizing and scatting. With "Where or When" by Rodgers & Hart, René slows the pace and sweeps us into the story of estranged lovers. She follows with another Rodgers classic (this time with Hammerstein), "It Might As Well Be Spring,"

which she takes from a light march into a lilting rhythm. René pulls out the stops on "I Loves You Porgy," wringing the emotion and longing from the Gershwin standard. The second half of the CD begins with her inventive rendering of another favorite, "Nature Boy," by Ahbez Eden. Admired for her talent for matching unlikely songs, René pairs Ravel's "Bolero" - which she takes a cappella - with a seductive, marching version of Leonard Cohen's "Suzanne." The intense intimacy continues with her country-tinged composition, "Shelter In Your Arms." Then she has some fun with Gershwin's "A Foggy Day." She takes us from London to Paris with her second original on the disc, the scorching "Paris on Ponce," a tribute to a unique music venue in Atlanta, her new hometown. René closes the CD with a nod to her beginnings and to what compels her -- "How Can I Keep From Singing?," the Enya song featured on her first MAXJAZZ CD of the same name. On *Live At Jazz Standard*, René pays tribute to her long-touring live band of John Toomey, piano; Elias Bailey, bass; and Howard Curtis, III, drums.

Listening to this third fantastic recording from René Marie, it's clear she fully absorbed the music she listened to growing up: Maurice Ravel, Hank Williams, Harry Belafonte, Peter, Paul & Mary, the Beatles, Sly and the Family Stone, Roberta Flack, Nina Simone and James Brown. She takes their knowledge with her into her live performances, during which she is transformed from a soft-spoken woman into a self-possessed artist leading her band and owning her audience. René Marie is a formidable artist marching us into the future of jazz.



[www.maxjazz.com](http://www.maxjazz.com) | [www.renemarie.com](http://www.renemarie.com)





# The Value of Compounding



Denise L. Liggett

Every day you may hear or see the concept of compounding mentioned in many financial illustrations and advertisements. The compounded rate paid on savings accounts is old news! But what does “compounding” really mean and how can it benefit you as a savings and investment strategy?

Actually, compounding is the foundation upon which many well-known financial products are built. For example,  $q$  when you make a deposit in your savings account,  $q$  invest a percentage of your annual salary in your company's 401(k) plan, or  $q$  even when you make a premium payment on a cash value life insurance policy, you are taking advantage of compounding in its most basic form.

When you combine a regular savings structure, the power of compounding and the added advantage of income-tax deferral (for example in a pre-tax 401(k) salary deduction plan\*), you can gain even more. The longer these dollars have to earn tax-deferred interest, the potentially more total accumulated funds you can have earning interest over time.

Lets look at an illustration that shows more clearly the value of compounding. Let's suppose we start with Investor A age 35, Investor B age 45, and Investor C age 55, as shown in the chart. Each investor allocates \$2,000 at the beginning of each year until age 65, and leaves it to accumulate interest earnings until age 65. Their hypothetical annual earnings rate of 10% is compounded monthly. Clearly, even these relatively modest amounts, receiving a healthy annual hypothetical 10% return over time, show excellent results from the accumulating effects of earnings added onto the investment capital. Of course, individual investor results will vary.

Take a good look at the “earnings” portion of the chart. That shows the amount the initial investment earned over time, the money-adding-to-money effect of compounding. Investor A earned \$243,945 more interest than Investor B as the result of an extra 10 years of compounding. That's an amazing 198% — almost double the amount Investor B earned. And Investor B still didn't do badly, earning \$77,503 or 271% more in interest than Investor C earned, with an additional 10 years.

It's easy to see how time can potentially multiply even modest savings amounts as earnings accumulate with principal amounts.

While your own individual tax situation as well as your personal level of risk tolerance will determine your final investment choices and those investment decisions will directly affect your actual rate of return you should be giving some thought to the value of compounding. The old saying, “Time is on your side” is never truer than when used regarding the value of compounding.

\*Withdrawals will be taxed as ordinary income, and if made prior to age 59  $\frac{1}{2}$ , may be subject to a 10% federal penalty.





*Denise L. Liggett 202-277-5835 <http://www.denise.liggett.myaxa-advisors.com>. Investment Advisory Representative of AXA Advisors, LLC (member NASD, SIPC). 3141 Fairview Park Dr #250 Falls Church, VA 22042. Insurance agent of AXA Network, LLC, an insurance brokerage affiliate, offering life insurance and annuities of The Equitable Life Assurance Society of the United States (New York, NY), an affiliated insurance company, and the insurance products of over 100 unaffiliated companies. This individual is an Investment Advisory Representative in MD, VA, DC, IL and NJ and is licensed to sell insurance products, and is registered to offer securities in these states. GE-23990 (06/02) (Exp. 06/04)*

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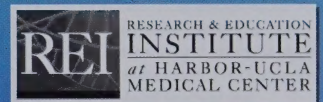
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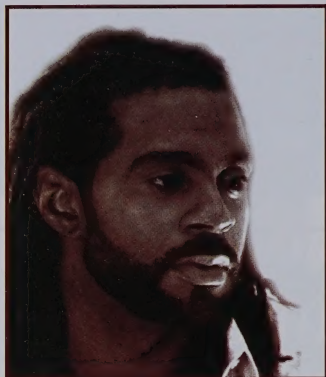


## Take Part In The MACS!





the spirit reminds us



By Sundiata Alayé

“And then we see it. The movement of white- pants, dresses, scarves, gown, headdresses, suits, and shoes. Brothers and sisters draped in white in every design imaginable. From what I’ve heard, the metropolitan area stores have been stripped of anything white for weeks! I now understand why. I also understand why the busy people on the street have seemed to come to a complete stop to take in the magnificence of this sight – the spectacle and pageantry of a tribe being called home. There is significance in the air. There is a feeling of being a part of something special – important. And as we enter the building, I’m suddenly feeling sorry for anyone who couldn’t be here. I’m blessed to be here tonight, and I know it.”





**I**n my October 2002 column, I introduced readers to the Ummah Endowment Fund; a grassroots organization in Washington, D.C. founded by Brother Rahim Briggs, and now run by chief executive officer and board chairman, Clyde Penn, and a host of talented and selfless board members and volunteers.

Nearly five years ago, Brother Rahim started throwing parties in the backyard of his home to celebrate his birthday. He soon realized what a gathering of Brothers and Sisters, dedicated as I am to his wonderful spirit, could mean for us all and began to charge Brothers a nominal entrance fee to those in attendance. He would then take the monies and donate them to an AIDS services organization serving people of color in the Washington metropolitan area. Recognizing the need and the inherent good this Brother was attempting to instill, I'd donate my own money to help offset the cost of providing such a loving avenue of change. Admittedly, I was not fully aware of the importance, nor of the significance, of what was happening, yet, I was compelled to do all that I could. I'm so glad I did.

As these parties grew larger and more popular over the years, something miraculous began to happen. The spirits touched this gentle and generous Brother, moved him and blessed him with the understanding that more could be done – that more needed to be done. Amazingly, [the most simplistic idea shifted into a powerful vision that has set the stage for HIV and AIDS awareness, behavior modification, risk reduction, and philanthropy not often seen in many of the existing AIDS services organizations. Who knew that this simple idea would forever change the landscape of AIDS service organizations in the 21st century? Obviously, Rahim did, and so did the amazing cast of exceptional [characters he gathered together to form what is now known as the Ummah Endowment Fund.

The Ummah Endowment Fund, whose message is "Be Tested, Be Treated, Be Healthy! Be Safe! Live!," got its official start two short years ago. That was when Rahim was prompted by the spirit to raise the stakes just a little higher. He sent out a call to the community of Brothers and Sisters who supported him through the years to now support his vision – his mission – his calling. He decided that his back yard barbeque, at which he requested his guest to adorn themselves in white, needed to be transformed into a full scale "White Attire

Affair", to not only raise monies for HIV/AIDS organizations targeting People of Color, but to also raise much needed awareness and collect us all to help us save ourselves; a different face, purpose and energy to address the personal, social, political, and cultural challenges of HIV and AIDS.

Humbled, kind, and deeply feeling, he realized that his vision of expanding a back yard birthday barbeque to a major fundraiser could only be accomplished through the combined talents and expertise of many of the wonderful Brothers and Sisters of our community whose talents sometimes lay wasted and unused. After all, having a dream is one thing, but interpreting the dream, executing it, and seeing it through to fruition requires genius of magnanimous proportion. The spirit led him to his friend, and mine, Brother Clyde Penn, who graciously accepted Rahim's offer to facilitate meetings of the volunteers Rahim had gathered. Clyde soon recognized that facilitation wasn't nearly enough and volunteered to chair the event, which turned out to be a phenomenal event and a phenomenal success.

I still marvel at the idea that they actually did it. From the backyard to the roof top of the Warner Theatre building in downtown Washington, D.C., with over 800 guest, all adorned in white. A VIP reception reminiscent of the days of old where champagne flowed, and live music – life music – played against the soulful, healing voice of Ledisi buoyant on the wind, to the downstairs lobby of the building that had been transformed into a new age discothèque where attendees ate and danced the night away. It was an amazing night of love, healing, selflessness and transformation, for many countless lives were forever touched that night, both those who were in attendance and those who were not.

The results; the organization benefited from \$10,000 in cash, over \$4,000 in products, including memberships to free memberships to a local gym for HIV positive clients, and tickets to local basketball games. More importantly, these Brothers and Sisters saw that simply placing money into the hands of organizations supporting us would do little good if these organizations did not have an infrastructure of various components to support the needs of the community. For that reason, they pledged over \$25,000 in consulting services to include fundraising, organizational development, strategic planning, and other technical support that makes organizations and companies alike successful. The Brothers and Sisters who helped pull off the impossible showed that nothing's impossible when God is involved.

It was right on time! AIDS services organizations today, particularly





## the spirit reminds us

those serving People of Color, are met with a multitude of challenges; funding cuts, ineffective leadership and management, and more competition for grant dollars. They're also faced with the challenge of bringing the message of self-preservation to the hearts and minds of the Black community, especially same gender loving Men of Color, who are hardest hit by the AIDS epidemic. We are now beginning to see the effects that these challenges are having on community based organizations, some of which are collapsing in on themselves, and we are beginning to realize just how ineffective the messages of prevention and education have become. Our numbers have never slowed down, peaked, or decreased. Instead, they continue to rise seemingly out of control. Local governments, and Congress are carefully reviewing dollars spent on HIV prevention and education and looking for ways to divert these monies away from community based organizations. Of greater concern is that this administration is looking to place more of these already limited funds into the hands of faith-based organizations. We may all be in for a rude awakening.

But Ummah's here, and just in the nick of time. Following the success of the White Attire Affair and a board retreat to sort out the details of the direction of the White Attire Affair, Rahim and Clyde were delivered an important new revelation; to officially launch the organization. In this moment they all knew the need was greater than they ever imagined, and a fundraiser while admirable, would never be able to alone address long standing wounds of the community. In Ummah, we've witness the birth and growth of one of the most amazing non-profit organizations I've had the privilege to be associated with. We need it, we do it for many reasons, and we need it for the lessons we are learning from Ummah and the challenge they've placed in our faces to do better – with and in our lives – to reach one Holy conclusion: our lives are to be used in the service of others.

The challenges our community faces with HIV and AIDS is more than a call to action. It is a call to love! My experience in working in the HIV and AIDS arena has taught me very valuable lessons. One of the most important lessons I learned is that "agencies" cannot provide for the needs of people, nor should they be relied upon to do so. And while agencies cannot open the kinds of doors that need to be opened to expose and heal our collective wounds, our love can. In love we trace our source to the Creator and see the Spirit as our common denominator. You see, we are all like spokes on a wheel; though we branch out in different directions, we radiate from the same source. That source is God's – the love from which we were created.

I have also witnessed in my time on the set that providing services and being the recipient of services has the potential to be demoralizing and spiritually dangerous, both for the one who gives and for the one who receives. Quite often what happens is that a dependency and resentment, subtle and mutual, begins to develop. While service is organized, efficient, goal oriented, predictable, and limited, love is spontaneous, effective, person oriented, unpredictable and limitless. Service is about doing. Love is about being. It's all about love, love of God, love of self, and love for all others.

The conspiracy Ummah has unveiled, and subsequently defeats, in their mission and vision is that services are rendered from a position of authority down to a lower level of need, whereas friendships move laterally. They've recognized that the only way to effect change is to remove the invisible barriers we confront as a community of Black folks to absolutely live with the belief that we can be friends – we can love one another - without superior and inferior positioning. There is no dangerous position of power in the philosophy of Ummah. No one is "great big" and no one is "little or insignificant". They see that we are all just "medium", "just right" - the right size with each other and with God.

The Spirit Reminds Us that there are no levels of love. How much time, how much courage, how much recourse we perceive we have dictates the measure to which we give of ourselves. When we see ourselves as small and insignificant, unable to affect change, we defeat our purpose for being here; to love and heal one another. Yet, we are all called into love. This we can give often and freely, no matter how poor we believe we are, no matter how much we believe we can't contribute, and no matter how insignificant we believe our contribution is. In Rahim, Clyde, Garrick, Shaun, and all the wonderful Brothers and Sisters who volunteer their time, energy, and talent for the common good of us all – we find love shared equally, freely, and without limits, where each and everyone gives and each and everyone receives. We are all blessed by this powerful combination. So, So Blessed.

I'm proud of you, Ummah. I salute you and I celebrate you. I'm proud that you are speaking for the voiceless, and redefining how we look at ourselves to heal and face our wounds head on. I'm proud of you for providing a safe space for us, and for showing your faces, beautiful and proud, for those who cannot come forward. I'm proud of you for recognizing that to whom much has been given, much more will be required. Mostly though, I'm proud of you for knowing that you give what you can and believe that what you have to give is exactly what is needed!



the spirit reminds us



I'm so very proud of you, Brothers and Sisters of Ummah for seeing this. You will never know just how much!

And so my designers have been put on alert and are now in stiff competition to dress me for the Ummah Endowment Fund's 2003 White Attire Affair, Mask-N-White to be held Saturday, July 19, 2003, in the atrium of the Ronald Regan Building and International Trade Center, in Downtown Washington, D.C., A capacity crowd of over 1500 guests are expected for a night filled with live entertainment, dancing, celebration, awareness, healing, newness, and love. Most especially, love. I wouldn't miss it for the world. I wish you wouldn't either.

As you make your plans for the Pride season and all it's festivities, I encourage you to make Mask-N-White a "must do" event. All proceeds

from this year's event, just like last year's, will be donated in the form of grants to HIV/AIDS organizations serving People of Color, and because Ummah is a non-profit organization, your donations and contributions are tax deductible. Look for the Mask-N-White publicity tour coming to New York, Philadelphia, Washington, D.C., Baltimore, and Atlanta this month. You can also find more information about Ummah and information about the event at [www.ummahfund.org](http://www.ummahfund.org), or call up Brother Clyde Penn at (202) 462-7209, both you and he will be glad you did.

*Donate, sponsor the event, or attend. Do what you can, but do something. My solemn promise is that you will be forever changed. You have my word on it!*

See you there!

Peace, Blessings, Light, Love: Sundiata Najja Alayé

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By Dr. David Malebranche

I was hit hard by the news that Luther Vandross had suffered a stroke in April of this year. One of the most beloved singers of our time, how could this man in his 50s be cut down so quickly while his career is still going strong. Two weeks after the stroke, his doctors say he has yet to awaken or show signs of responsiveness. By the time this column is printed, we all will know how much Luther will recover from his stroke, but now seems like as good of a time as any to address this topic.

## What is a stroke?

A stroke occurs when the blood supply to the brain is interrupted or blocked for any reason, and the results can range from mild to deadly.

There are three basic kinds of stroke:

1. Ischemic stroke: "ischemia" just means a loss of blood flow and oxygen to tissue, and this type of stroke is caused by a clot that forms either in a blood vessel in the brain itself, or travels from the heart or the carotid artery (neck blood vessel) to the brain and gets lodged there.

2. Transient Ischemic Attack (TIA): commonly called "mini-strokes," these are temporary decreases of blood flow to an area of the brain for usually less than 15 minutes. These are signs of a larger stroke coming, so take them seriously if they occur.

3. Hemorrhagic stroke: this occurs when a brain blood vessel balloons out (aneurysm) and ruptures, or becomes weakened and leaks blood, which not only causes the brain to lose oxygen, but can also cause a fatal buildup of pressure in the brain.

## Risk Factors

Risk Factors for stroke that you can change:

- smoking
- high cholesterol
- physical inactivity
- obesity
- heavy alcohol use
- cocaine use

Diseases that will increase your stroke risk if you don't treat them properly:

- high blood pressure
- diabetes
- coronary artery disease (plaques in the arteries of the heart that cause heart attacks)
- irregular heart rhythms

Risk factors for stroke that you can't change:

- Age – stroke risk doubles every decade you are over 55
- Race – Blacks and Latinos have a higher risk, but this is likely to a number of other factors other than our genes
- Sex – strokes are more common in men than women
- Family History – risk for stroke is 4 times greater if a parent, brother or sister has had a stroke of any kind.
- Prior history of TIA or stroke.

## What are the symptoms of a stroke?

Call 911 or get to a hospital immediately if you notice the sudden symptoms like:

- Numbness, weakness, or inability to move your face, arm or leg, especially on one side of the body
- Trouble seeing in one or both eyes
- Confusion, such as trouble speaking or understanding
- Trouble walking, dizziness, loss of balance or coordination
- Severe headache with no known cause.
- Loss of vision like a shade is being pulled over one eye (common symptom of a TIA)





If you have an ischemic stroke that is caused by a blood clot, seeing a doctor within 3 hours of when you first notice symptoms is critical, as you can receive special medication (clot busters) that will dissolve the clot and improve your chances of recovery.

### How is a stroke treated?

Physicians will order a CAT scan (CT) or magnetic resonance imaging (MRI) of your brain to see if you have had a stroke.

If you have, these are the treatments available:

1. t-PA (tissue plasminogen activator) – this medication can be given to treat blood clots that cause strokes. They must be given within 3 hours of the start of symptoms to be effective. Can cause bleeding in some patients.
2. Anti-platelet medications – platelets are the blood cells that cause clots. Medications like Aspirin, Ticlopidine, Aggrenox or Clopidogrel can be taken within 48 hours of a stroke and reduce risk of death and risk of another stroke. They block the action of platelets and thin the blood to decrease stroke risk.
3. Anticoagulants – this class of drugs prevents the production of proteins by the liver that help the blood to clot normally – they are also blood thinners but more powerful than the anti-platelet medications. Heparin and Coumadin are the main ones used to treat strokes. Heparin is quicker acting and is given through the vein in the hospital. Coumadin is a pill that takes longer to act, but lasts longer in the body than heparin does.
4. Surgery – for a stroke suffered from a ruptured blood vessel or a bleed, surgery to repair the blood vessel and decrease the pressure on the brain is necessary.

These are the treatments for acute stroke. After someone has suffered a stroke, they may need the following:

- Physical rehabilitation
- Further treatment for high blood pressure, diabetes and high cholesterol
- Treatment for depression

### Stroke Prevention

Your risk of suffering a stroke can be decreased by addressing the factors that are in your control:

1. Take an aspirin a day if you have heart disease or have other risk factors
2. Watch diet or take medications for high cholesterol
3. Have regular medical follow-ups for high blood pressure and treat if needed
4. Quit smoking
5. Quit alcohol use
6. Quit cocaine use
7. Get regular exercise

### More information

As always, you can get more information from the following sources:

- On the internet through WebMD or another health information service
- National Stroke Association – 1-800-STROKES or [www.stroke.org](http://www.stroke.org)
- American Stroke Association – 1-888-4-STROKE or [www.strokeassociation.org](http://www.strokeassociation.org)
- Family Care Giver Alliance – 1-415-434-3388 or [www.caregiver.org](http://www.caregiver.org)

*The unfortunate reality of our investment in our own health is that it often takes the example of a family, loved one or celebrity to open our eyes to the reality of what can happen. You may not be able to control all the risk factors for having a stroke, but we do have a say in some of them, so do what you can. And let's all keep Luther Vandross in our thoughts and prayers.*



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